**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UCSC Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lab Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Items to be Completed:** | **Completed***(date)*  | **Departing Researcher** *(initial)* |
| **All chemical waste, chemical substances (buffers, kits, media, solutions, samples, etc.) have been labeled properly and/or disposed.** |  |  |
| 1. Waste accumulation areas. 2. Cabinets, shelving, fume hood or other storage areas.3. Cold rooms, walk-in freezers, warm rooms, equipment rooms, or other shared spaces/rooms |  |  |
|  |  |
|  |  |
| Any chemicals, solutions, or containers of materials for use by your lab group are appropriately labeled with the name of the material(s) in the container and the hazards of the material (if known). |  |  |
| All cabinets, shelving, fume hood or other storage areas have been checked and materials that your lab group will no longer use have been removed and appropriately handled. |  |  |
| All surfaces, including the inside and outside of the fume hood, benchtops, sinks, and cabinets, have been decontaminated and cleaned. |  |  |
| All sharps containers and broken glass containers have been closed and disposed of appropriately. |  |  |
| All important files, journals, folders, lab notebooks, spectra, etc. have been organized and labeled for archiving and future reference. |  |  |
| Unwanted items have been recycled and/or disposed of appropriately. |  |  |
| All Keys have been returned and signed off by the PBSci Key Room. |  |  |
| All Personal protective equipment (Lab coats) has been returned. |  |  |
| **Biohazardous Materials** |  |  |
| All biohazardous waste has been disposed of in the proper manner. This includes aspiration flask contents, bagged waste, and cultures. |  |  |
| All samples have been cataloged and transferred or removed for disposal from -80° Freezers, cold rooms and other storage areas. |  |  |
| **Radioactive Materials** |  |  |
| All radioactive waste has been properly prepared for disposal. EH&S has been contacted for a waste pickup and radioactive materials that are no longer needed by the research group have been identified. |  |  |
| All working surfaces, including equipment and tools, have been checked for contamination. A record of the contamination survey has been submitted to the Radiation Safety Officer (RSO). |  |  |
| All dosimetry badges have been returned to the RSO. |  |  |
| **Lab Specific Directions** |  |  |

I have appropriately disposed or stored all materials in my workspace. Responsibility for any materials that remain in the lab has been assigned to another researcher, or my Faculty Advisor is aware of the materials and is taking responsibility.

Departing Researcher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that the laboratory clearance items noted above have been completed by the named student. I agree to take responsibility for any items that were not appropriately labeled or discarded by the student.

Faculty Advisor Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_