**Laboratories Departure Form**

This document is to be used by the departing lab user to assess whether they have satisfactorily left the laboratory in an adequate state and that other researchers will not be impacted on their leaving.

**Note**: PhD Thesis binding will only be provided by the department on successful completion of this form and the **Office Departure Form**.

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| **Action** | **Signed & Dated** |
| **Return of Items**  All of these items should be returned to the Facilities Manager (where applicable):   * Keys (Lab) * Protective wear (Lab coat, goggles, suits) |  |
| **Material Inventory**  You have provided a chemical substance and biological agent list with:   * Relevant storage/containment info (indicate if a controlled chemical) * Location * Approximate quantity * Name * Indication ofwho will assume responsibility or availability |  |
| **Equipment Inventory**  All equipment that was in your possession has been inventoried with:   * Name * Current PAT status * Contamination status * Any mechanical issues * And have returned any items if borrowed |  |
| **Radioactive Sources**  Ensure that sources of radioactivity for which you are responsible are:   * Inventoried and reported to the Radiation Protection Supervisor * Specified whether suitable for hand-over to another authorised user or to be committed for correct disposal. |  |
| **Safety Actions**  Where applicable ensure that:   * All outstanding actions that you are responsible for on the most recent safety audit for your laboratory are satisfactorily completed prior to exit. * All surfaces are clean and safe |  |

**Sign-Off**

We are satisfied that all relevant items have been satisfactorily addressed.

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| Student Name: | Signed: | Date: |
| Supervisor Name: | Signed: | Date: |

Any questions: Please contact either your supervisor or Ralph Hick – Technical Safety Officer.

r.hick@ucal.ac.uk | Room 205A

**Laboratory Inventory**

Please fill out this inventory for all materials and chemicals that you bought and used during the project.

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| **Laboratory / Room**: |

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| **Name** | **Storage Location** | **Approximate Quantity** | **Special Considerations (Storage / Control)** | **Person Now Responsible** |
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