

Division Check-Out Sheet

Date: _____

Name: _____ UID: _____

Email Address: _____ Lab Group: _____

Research / Safety Sign Off

- | | | |
|---|----|---|
| <input type="checkbox"/> All research samples labeled in group storage | OR | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> All waste materials labeled and moved to waste collection center | OR | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> Laboratory bench clean and all chemicals moved to storeroom | OR | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> Laboratory notebook, computer items, spectra, and other data | OR | <input type="checkbox"/> not applicable |
| <input type="checkbox"/> All physical keys returned | OR | <input type="checkbox"/> not applicable |

Sign off by Group Safety Coordinator or Research Advisor Date

Notes (optional):

Administrative Sign Off

- | | | |
|---|---|--------|
| <input type="checkbox"/> Keys Returned to Division Office | (OR <input type="checkbox"/> not applicable) | Notes: |
| <input type="checkbox"/> UID card returned to Division Office | (OR <input type="checkbox"/> lost) | |
| <input type="checkbox"/> Purchasing Card (Pcard) returned | (OR <input type="checkbox"/> not applicable) | |
| <input type="checkbox"/> Forwarding Address of individual | (OR <input type="checkbox"/> not applicable): | |

Address _____ City/State/Zip Code and Country info (if applicable)

Return completed form to the CCE Division Office in Crellin Building, Room 168

CCE Division Office Sign Off of Check-Out completion

CCE Division Office Date

For Administrative Use Only

- | | |
|---|---|
| <input type="checkbox"/> Keys returned to Lock Shop | <input type="checkbox"/> Remove from email distribution |
| <input type="checkbox"/> Removed record from DPM/Groups | <input type="checkbox"/> Remove mailbox |
| <input type="checkbox"/> Remove from Techmart | <input type="checkbox"/> Building access removal |