

**Safety Check-out Form for Laboratory Personnel (Sample Form) for the  
Department of Food Science & Human Nutrition, Iowa State University**

Name of Exiting Researcher (please print): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Room/Building: \_\_\_\_\_

Please use an "x" or "√" to indicate that the following locations have been checked and all samples and prepared solutions have been properly discarded or transferred within the \_\_\_\_\_ group:

- |   |  |
|---|--|
| <input type="checkbox"/> lab bench (cleaned and organized), | <input type="checkbox"/> refrigerators/freezers,               |
| <input type="checkbox"/> cell culture room,                 | <input type="checkbox"/> explosion proof freezer/refrigerator, |
| <input type="checkbox"/> fume and/or biosafety hood,        | <input type="checkbox"/> walk-in-cold room &/or freezers,      |
| <input type="checkbox"/> shelves, storage areas             | <input type="checkbox"/> ultralow (-80C) freezer,              |

Please use an "x" or "√" to indicate the following:

- all keys have been located and returned to General Services,
- notebooks are in order *[Notebooks and data are the property of Iowa State University and cannot be removed; however copies can be made for writing up publications.]*
- a request for pick up of tagged radioactive and non-radioactive unwanted materials has been submitted to EH&S,
- a list or inventory of **samples** in the ultralow freezer and other locations including experiment number, date and amount remaining is attached or located on the computer,
- a list or inventory of **cell lines** including detailed instructions and conditions for growth of each and passage number/date/freezer location of each vial is attached or on the computer,
- the locations and organization of notebooks, data and computer files has been reviewed with my supervisor and data suitable for publication has been identified,
- personal files and software are deleted from computers,
- software necessary for viewing images or data remain on computers for analysis,
- other routine or safety-related duties that I am responsible for: \_\_\_\_\_

**new address/ phone #/email:**

**COMMENTS:**

\_\_\_\_\_  
(Signature of Exiting Researcher)

\_\_\_\_\_  
(Date)

Verified By: \_\_\_\_\_ (Supervisor, lab manager or safety officer)