

Laboratory Departure Checklist

Investigator(s) _____

Laboratory Room # _____

Departure Date _____

Moving to different location: _____ New location: _____

Discontinuing research: _____

POTENTIAL ISSUES:

Hazardous Chemicals: proposed disposal _____

Radioactive Materials: permits held _____

Infectious Waste: proposed disposal _____

Compressed Gas Tanks: proposed disposal _____

Hazardous Waste: volume _____

chemical _____

Material Transfer Agr: provider notification _____

Equipment: _____

Other: _____

SIGNATURE _____

Please contact the HHRI Laboratory Services Coordinator at 612-873-6644 to arrange a time to complete a laboratory walk-thru and sign-off on checklist.

FOR OFFICIAL USE ONLY

Certified that the laboratory walk-thru has been performed and the checklist is complete.

HHRI Laboratory Services Coordinator

Date

Upon completion, send copy to HHRI Grant Accounting, PP7.700