

Safety Checkout Procedure for Relocating/Terminating Laboratory Employees

(To be completed by the supervisor/manager)

Instructions to departing employee's supervisor/manager--To complete the form, indicate Yes, No, or N/A to **ALL** thirteen statements, fill in the blanks contained in the statements as appropriate, complete the information at the top of the form, and sign and date at the bottom. Relocating/terminating employee to return form to EH&S Office and obtain sign-off on Exit Certification Form as part of his/her checkout.

Employee: _____ Lab: _____ Division: _____

Y, N, N/A

1. _____ All reusable chemicals in the laboratory previously assigned to a this employee have been: a) properly transferred to his/her new lab assignment, b) reassigned to another employee remaining in the laboratory (list employee name _____), c) reassigned to another lab entirely (list lab number and responsible employee) or d) transferred to EH&S for proper waste disposal.
2. _____ All reusable chemicals used by or assigned to this employee in common storage areas or in other work locations have been reassigned (list to whom _____).
3. _____ All samples collected and stored by this employee have been reassigned to (list to whom _____) or have been properly disposed
4. _____ All waste chemicals generated by this employee have been identified, packaged, and removed from the laboratory and storage areas.
5. _____ All general trash generated by this employee has been cleared from these areas.
6. _____ If this employee used radioactive materials, the Radiation Safety Office has been notified to conduct closure monitoring.
7. _____ All compressed gas cylinders assigned to this employee have been reassigned or returned to the vendor.
8. _____ All laboratory equipment has been reassigned or returned to storage.
9. _____ Refrigerators and other large pieces of equipment to be left in the lab have been chemically and/or biologically decontaminated.
10. _____ All glassware has been reassigned.
11. _____ All the areas used by this employee have been inspected to verify that all refrigerators, freezers, hoods, bench cabinets, wall cabinets, shelves, etc. are clear if work is not immediately going to be continued by another employee.
12. _____ If this employee was in a medical surveillance/monitoring program, he/she had a closeout interview or medical exam.
13. _____ Safety responsibilities (lab record keeping, safety committee participation, hazardous waste coordination, etc.) held by this employee have been reassigned (list to whom _____).

Explain any 'No' responses on the back of this form

Print Supervisor/Manager Name

Signature

Date

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Explain any No responses on page one in the space below