# LABORATORY DEPARTURE CHECKLIST

**Investigator(s):** _____
_____

**Laboratory Room #:** _____

**Departure Date:** _____

**New Location:** _____ **Discontinuing research:** _____

**DISPOSAL:**

| | | |
|---|---|---|
| **Hazardous Chemicals:** | proposed disposal | _____ |
| **Radioactive Materials:** | permits held | _____ |
| **Compressed Gas Tanks:** | proposed disposal | _____ |
| **Hazardous Waste:** | chemical | _____ |
| | volume | _____ |
| **Infectious Waste:** | proposed disposal | _____ |
| **Material Transfer Agr:** | provider notification | _____ |

**Equipment:** _____
_____
_____

**Other:** _____
_____
_____

**Investigator Signature:** _____ **Date:**_____

**FOR OFFICIAL USE ONLY**

Certified that the laboratory walk-thru has been performed and checklist is completed by PI.

_____ _____
HHRI Laboratory Services Supervisor Date

*Upon completion, send copy to HHRI Grant Accounting*