**Graduate student final lab close out checklist**

This form shall be completed by the graduate student who is leaving and submitted to department safety officer (Chad McMahan) prior to / when requesting a final closeout inspection.

Student Name:______________________________________________________________

Building:___________________      Room:__________   Department: __________________

Principal Investigator(s): _______________________________________________________

Email:______________________________________________________________________

Preferred Mailing Address:_____________________________________________________

<table>
<thead>
<tr>
<th>Chemical Safety</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical hoods have been cleared of all chemicals and equipment from your research.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Chemical hoods have been cleaned/decontaminated.</td>
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<tr>
<td>Was perchloric acid used in any hood/exhaust device in this lab.</td>
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<tr>
<td>All signs (hazard, caution, etc.) removed where appropriate or if your name is on the sign that will remain it has been removed.</td>
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<tr>
<td>All chemicals and controlled substances that you have used and will not be used anymore in future projects have been removed or disposed according to CU guidelines.</td>
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<td></td>
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<tr>
<td>Gas cylinders that will no longer be needed have been removed.</td>
<td></td>
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<tr>
<td>Lab surfaces (shelves, cabinets, benchtops, floors, etc.) have been cleared and cleaned/decontaminated.</td>
<td></td>
<td></td>
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<tr>
<td>Remaining equipment has been properly cleaned/decontaminated and ownership transferred.</td>
<td></td>
<td></td>
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<tr>
<td>Refrigerators and freezers cleaned/decontaminated</td>
<td></td>
<td></td>
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<tr>
<td>Emergency contact and hazard information changed on lab door(s)if your name has been used.</td>
<td></td>
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</tbody>
</table>

<table>
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<tr>
<th>Biological Safety</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological safety cabinets(s) have been cleaned of your project materials and decontaminated.</td>
<td></td>
<td></td>
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<tr>
<td>Equipment used with biological materials have been decontaminated.</td>
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<td></td>
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<tr>
<td>Biohazard areas have all been decontaminated.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Inventory all of your biological samples, including animal and human tissues, and properly dispose of them or transfer them to other users.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
All biological materials (to include select agents) have been disposed of or transferred.

All biohazard stickers have been removed if not being used in the lab in future projects.

Radioactive Materials (if being used)
All Radioactive materials have been properly removed as directed by the university Radiation Safety Officer? Yes _________ No _______ N/A _________

Procedural and Equipment SOPs
I have written all of the procedural and equipment SOPs for my lab to use when I am gone. These are SOPs for procedures that I have developed and for the equipment that I know how to use.
Yes_________ No____________ N/A___________

University Data (Lab Notebooks) and Materials
Identify and transfer to your PI or next responsible party all laboratory notebooks, data, and other materials in which the university has a remaining interest.
Identify and transfer any university owned data on your personal computers and save and return it to your PI
Identify any other confidential information in the lab, such as employment files and records of student activities and ensure that any such records are maintained or disposed of properly.
Return any university owned computers and other electronics

Access Control
Return all keys to department
Make sure that if you have set passwords on lab computers that those passwords are known to the lab
Withdraw access to proprietary software and internal websites
Withdraw/remove from internal email lists
Withdraw access to subscriptions to outside services/organizations paid for by the university

Each student must secure the following certifications prior to leaving the Department:

Student_____________________________ Date____________________

The lab has been inspected and the student’s laboratory is clean and in good condition.

Dept Safety Coordinator___________________ Date____________________

To my knowledge the student is cleared for departure.
Bioengineering Department Checkout Form

Complete this form before graduating, changing research groups, or withdrawing from the Bioengineering Graduate Program.

Date: ____________________________

Student Name: ________________________________

Student CUID: ________________________________

Phone Number: ________________________________

Email Address: ________________________________

Effective Date: ________________________________

☐ Keys have been returned to department office.

☐ Final lab close out checklist has been completed with Advisor and Department Safety Coordinator.

☐ Cleaned Desk and returned all necessary items to appropriate people.

Please share any future plans, job interviews, final acceptance or graduate school:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Final Checkout:

Graduate Student Services Coord. ______________ Date ____________