## **Department of Chemical Engineering Laboratory Checkout Form**

Student Name:
Date of Graduation:
Student and Advisor: Please identify laboratory sites used and check as appropriate, then fill in the requested information and obtain signature(s). Where not relevant, indicate N/A.
Advisor's Lab Space
CPS Lab
Rothfus Lab
Other Lab(s)
Laboratory Site #1 (Bldg/Rm)
Date of exit inspection:
Lab is clean and ready for use by the next person
Office is clean and ready for use by the next person
The computer is ready for the next person; administrator or other passwords are available
Chemicals are stored or disposed properly
Equipment is properly organized and its condition is known
Data and notebooks are properly stored.
Please sign below ONLY if all appropriate inspection points are acceptable. All chemicals must be labeled, properly stored, or disposed.
Lab Supervisor/Advisor Date
If lab is NOT acceptable please write actions to be taken and date of re-inspection:
Actions:
Date of re-inspection:

Laboratory Site #2 (Bldg/Rm)	
Date of exit inspection:	
Lab is clean and ready for use by	the next person
Office is clean and ready for use l	by the next person
The computer is ready for the nex	at person; administrator or other passwords are available
Chemicals are stored or disposed	properly
Equipment is properly organized	
Data and notebooks are properly	stored.
Please sign below ONLY if all appropriate in properly stored, or disposed.	aspection points are acceptable. All chemicals must be labeled,
Lab Supervisor/Advisor	Date
If lab is NOT acceptable please write actions	to be taken and date of re-inspection:
Actions:	
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Date of exit inspection:	
Lab is clean and ready for use by	the next person
Office is clean and ready for use l	by the next person
The computer is ready for the nex	ct person; administrator or other passwords are available
Chemicals are stored or disposed	properly
Equipment is properly organized	
Data and notebooks are properly	stored.
Please sign below ONLY if all appropriate in properly stored, or disposed.	aspection points are acceptable. All chemicals must be labeled,
Lab Supervisor/Advisor	 Date

If lab is NOT acceptable please write actions to be taken and date of re-inspection:		
Actions:		
Date of re-inspection:		
Laboratory Site #4 (Bldg/Rm)		
Date of exit inspection:		
Lab is clean and ready for use by the next person		
Office is clean and ready for use by the next person		
The computer is ready for the next person; administrator or other passwords are available		
Chemicals are stored or disposed properly		
Equipment is properly organized		
Data and notebooks are properly stored.		
Please sign below ONLY if all appropriate inspection points are acceptable. All chemicals must be labeled, properly stored, or disposed.		
Lab Supervisor/Advisor Date		
If lab is NOT acceptable please write actions to be taken and date of re-inspection:		
Actions:		