**Checkout/transfer Notification and Appointment Request**

Dept. of Chemistry researchers, including those who have not used chemicals or biologicals.... including grad students, postdocs, visiting scholars... for any length of time, please complete this and submit preferably at least three business days before your chosen appointment times.

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| email (Purdue email) |  |
| Supervisor (Prof or AP staff) |  |
| Work area (Bldg & rooms) |  |
| Month/year of Purdue start |  |

|  |  |  |
| --- | --- | --- |
|  | I am checking out of a laboratory work space | **Check (**✓) or x **all that are true** |
|  | I have not done any lab work for > 1 month |
|  | I am leaving the Department of Chemistry |
|  | I am transferring to another group in Chemistry |
|  | I have recently completed the term of my PD or VS |
|  | I have recently completed my MS degree |
|  | I have recently completed my PhD degree |
|  | I am an undergrad researcher or undergrad employee |

|  |  |  |
| --- | --- | --- |
|  | My research group does not work with any chemicals | **Regarding Samples – have you left some in the building(s)?Check (**✓) or x |
|  | Yes, my Professor or another researcher in the group is assuming responsibility for these |
|  | No, I have disposed of everything, and it is in waste containers |
|  | No, I have disposed of everything and nothing remains in the building |
|  | Not applicable; no chemicals or biologicals were involved in my research |

|  |  |  |
| --- | --- | --- |
|  | Name of person assuming responsibility for the Samples. | **First and last names** |

|  |  |  |
| --- | --- | --- |
|  | I will have the Samples List completed and initialed by my supervisor. | **Samples List Check (**✓) or x |
|  | I am attaching the Sample List and this document to my request email. |
|  | No Samples List is necessary, as I am leaving no samples with the department |

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| --- |
| IF there are any reactive materials chemicals (pyrophorics, water reactive, or otherwise unstable with respect to water or air or shock)for which you were responsible and which will remain in the group, and/or any compressed gases, tell their story here. What and where are they? Who assumes responsibility for proper disposal? Answer below: |
|  |

**Suggest three different** dates & times when you would be available for the Checkout.

 Suggestion 1 Suggestion 2 Suggestion 3

Add any other comments you wish (e.g. “I am free all day on the 15th.“) After you have completed all information, save this document and attach it to the email to Paul Bower as stated in #1 of the “email to” link in <https://www.chem.purdue.edu/chemsafety/Checkout.php> *THANKS!*