

**Chemistry Work Area Checkout Page -- Print this page, Complete, Get Signature.**

Paul Bower (WTHR 173A, 45472, [pbower@purdue.edu](mailto:pbower@purdue.edu)) will sign your dept checkout sheet after you have done ALL of the following:

- disposed of all appropriate chemicals and other wastes, *and*
- completely labeled (with chemical names, not notebook numbers or other shortcuts) any chemicals or other materials which you are leaving behind which are not in manufacturers' containers.
- cleaned and organized your work area, *and*
- completed the questions below and attached the necessary list(s), *and*
- passed the work area inspection (make the appointment as soon as you know when you will be ready). *It will only take about 10 minutes if everything is perfect.*

| Questions/Info  |   |
|---|---|
| Your Name: _____  | Work Area Checkout Date: _____                |
| Work Area(s):<br>(bldg, room #, bench/hood locations)   | Date of Purdue Start:<br>Thesis Defense Date: |
| Major Professor:  | Degree Attained:                              |
| Where can you be reached after you leave the department? Include phone and email if possible.   |   |
| Is all chemical, biological, and radioisotope <b>waste</b> which you have ever produced <b>gone</b> from the department? ( <i>Gone, meaning it is no longer in the buildings</i> )  | YES NO N/A                                    |
| If any waste that you produced is being left in the building (as part of shared group waste accumulation containers, e.g.), who is the person responsible for those/those container(s)?<br>Name/Signature of new responsible person: _____                            | YES NO N/A                                    |
| Are you leaving any " <b>samples</b> "* of any sort in the department? If Yes, then please include a samples list with chemical, quantity, and location. Locations include on shelves, in drawers, in refrigerators or freezers. → Who will accept the Samples? _____ | YES NO N/A                                    |
| Have you quenched and disposed of all water-reactive and air-reactive chemicals which you <b>purchased</b> , or for which you assume responsibility at some time?   | YES NO N/A                                    |
| Did you purchase any lecture bottles, air-reactives, or water-reactives that will remain in the department? If YES, attach the <u>gases and reactives list</u> .  | YES NO N/A                                    |
| Can you say with some confidence that you are leaving <b>no</b> chemicals or waste in the department which will cause waste disposal or safety problems in the future?  | YES NO  |
| When did <i>or</i> when will you have returned all keys from WTHR or BRWN?  |   |

Signature from your Group Safety Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Signature from Safety Staff: \_\_\_\_\_ Date: \_\_\_\_\_

\*A Sample is any chemical, *hazardous or not*, which is not in a **manufacturer-labeled container**.