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

Emile Batchelder-Schwab (WTHR 121, ebatchel@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): (bldg, room #, bench/hood locations)	Date of Purdue Start: 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 **waste** which you have ever produced **gone** from the department? *(Gone, meaning it is no longer in the buildings)* 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/that container(s)? YES NO N/A

Name/Signature of new responsible person: _____

Are you leaving any "**samples**"* 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 **purchased**, 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 gases and reactives list. YES NO N/A

Can you say with some confidence that you are leaving **no** chemicals or waste in the department which will cause waste disposal or safety problems in the future? YES NO

When did *or* 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**.