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| --- | --- |
| **DCUreg**  **Faculty of Science & Health** | ***Laboratory/Work Area Clearance Form***  **School / Research Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **STUDENT NAME:**  **ID Number :**  **Academic Supervisor(s):** |

**GENERAL CONDITIONS**

1. **Postgraduate students must complete this form when all laboratory work related to their research has been completed.**
2. **The submission and satisfactory completion of this form is the sole responsibility of the student.**
3. **The student will arrange suitable times for the relevant personnel to inspect work spaces and sign the relevant section(s) of this form. No forms will be signed without prior inspection of work spaces. Late submissions for signing will not be accepted.**
4. **Students must submit the duly completed and signed form to the Faculty Office (HG04) at least 2 weeks in advance of the next Faculty Awards Board for Research Degrees. (Check dates with Graduate Studies Office)**
5. **The Faculty Awards Board for Research Degrees will not recommend graduation for students who fail to submit the Lab Clearance Form.**

We, the undersigned, confirm that STUDENT NAME/ID Number:

………………………………………………………………………………….

has fully complied with all the Health and Safety procedures required for satisfactory Lab Clearance.

**Chief Technical Officer Signature Date**

…………………………… ………………. …………

**Academic Supervisor Signature Date**

…………………………… ………………. …………

**Student Signature Date**

…………………………… ………………. …………

**Details of all the Research Facilities/Laboratories/Work Spaces used by the Student during the course of his/her research (add rows if necessary).**

|  |  |  |
| --- | --- | --- |
| Location (Building/Room Number) | Date(s) of use mm/yyyy to mm/yyyy  (Approximately) | Person in Charge at time of leaving |
|  |  |  |
|  |  |  |
|  |  |  |

**Use Table (copy&paste) for each location listed above**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Room Number/Location:** | | **Y** | **N** | **N/A** |
| **1** | Bench space, underbench and drawer units have been cleared of material, cleaned and left in a safe manner. |  |  |  |
| **2** | Remaining chemicals, synthesised compounds or any samples and consumables have been donated to colleagues/supervisor.  FILL IN APPENDIX TABLE IF ANSWER IS YES |  |  |  |
| **3** | Chemical, biohazard and/or other hazardous wastes have been removed and disposed of in accordance with School procedures and policies. |  |  |  |
| **4** | The fumehood workspace has been tidied in a safe and correct manner. |  |  |  |
| **5** | The constant temperature room/fridge/freezers have been cleaned and left in a safe manner. |  |  |  |
| **6** | Any instrument/piece of equipment previously used in instrument room have been cleaned and tidied. |  |  |  |
| **7** | Tissue culture suits have been cleaned and tidied |  |  |  |
| **8** | Data stored on instruments/ computers have been cleared. |  |  |  |
| **9** | Keys for the building, laboratory, lockers, etc… have been returned. |  |  |  |
| ADDITIONAL NOTES: | | | | |

**APPENDIX**

**Details of remaining chemicals, reagents, samples or any materials/consumables donated to another person (include contact details)**

**(Add rows as necessary).**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sample details** | **Quantity** | **Storage location (Building/Room number)** | **Person responsible/Status** | **Email/contact details** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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We, the undersigned, confirm that, to the best of our knowledge, all the information supplied above is correct and was verified by us on the day of inspection.

**Chief Technical Officer Date of Inspection Signature**

…………………………… ………………………. ………………

**Academic Supervisor Date of Inspection Signature**

…………………………… ………………………. ………………

I confirm that I am in compliance with Laboratory Clearance procedures above:

**Student Name Date of Inspection Signature**

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