

By signing, you are confirming that the study space/offices, labs and/or associated equipment are in good working order, clean, safe, free of waste, and free of personal items. **Please return completed forms and keys/access cards to Lauren Bradshaw, Faculty Health & Safety Coordinator, ED 412.** 

STUDENT NAME	STUDENT ID	SUPERVISOR NAME	DATE

Initial reason for using space:

(undergrad project, MENG project, MASC research, PhD research, visiting student, etc.)

Upon exiting this particular space, will you still have keys/access cards to *other* offices/labs in the Faculty? If so, which spaces? (*Note: The \$100 key deposit is a one-time fee. Refunds are only issued after return of all keys in your possession*).

□ Yes: \_\_\_\_\_

□ No: refund is requested

Student Signature

FOR SUPERVISOR						
Study Space/Office Satisfactory (include attached checklist Part 1) Building/Room Number(s)	Not Satisfactory	□ Not Applicable				
Dry/Wet Lab Satisfactory (include attached checklist Part 2, if applic Building/Room Number(s)	□ Not Satisfactory able)	□ Not Applicable				
Supervisor Signature Date   Supervisors must inspect applicable areas WITH the student using the attached checklist(s).						

OFFICE	USE ONLY		
Checkl	ist for Return		
	Inspection checklist complete (LB)		
	Access cards/keys returned, numbers:		
	Entered in Keys & Training Spreadsheets		
	Refund (check TSAAREV send info to FS)	Or 🗆 Refund Not Applicable	
	Date info sent to FS:		



## EXIT INSPECTION FOR STUDY SPACE/OFFICES AND LAB(S)

# **EXIT INSPECTION PART 1: STUDY/OFFICE SPACE (IF APPLICABLE)**

STUDENT NAME	DATE OF INSPECTION	SUPERVISOR PRESENT	ROOM(S)

REQU	IREMENT	YES	NO	N/A	COMMENTS
1.	Have you cleaned your office area, desk, desk drawers and chair?				
2.	Have printer cartridges, boxes and papers been recycled (or shredded if appropriate)?				
3.	Has all garbage been discarded?				
	Have all personal items been removed?				
5.	Have all non-personal items been returned to your supervisor, such as equipment manuals, software, CD's, flash drives, office supplies, borrowed textbooks, etc.?				
6.	Has your computer hard drive been cleared, with passwords deleted or given to your supervisor?				
7.	Has all relevant work been forwarded to your supervisor (including exams, assignments, answer keys, etc. from classes in which you were a TA/GTA)				
8.	Have all keys to drawers, cabinets, etc. been returned to your supervisor?				
9.	Other:				
10.	Other:				



## EXIT INSPECTION FOR STUDY SPACE/OFFICES AND LAB(S)

#### **EXIT INSPECTION PART 2: LABORATORIES (IF APPLICABLE)**

STUDENT NAME	DATE OF INSPECTION	SUPERVISOR PRESENT	ROOM(S)

# NOTE: For assistance with any of the following requirements or subsequent arrangements, please contact Lauren.Bradshaw@uregina.ca

Specific questions related to radiation can also be directed to Sarah.Posehn@uregina.ca

Specific questions related to biosafety can also be directed to Health.Safety@uregina.ca

REQUIREMENT	YES	NO	N/A	COMMENTS
1. Have you <b>cleaned</b> your general lab work				
space (including bench tops, shelves,				
cupboards, desks, storage areas,				
refrigerators, freezers, fume hoods, etc.)?				
2. Have all <b>lab tools and supplies</b> been				
returned to their proper locations and left				
in suitable condition for the next user?				
3. Have work spaces and storage units (such				
as refrigerators, freezers, cold rooms,				
cupboards, chemical cabinets, fume				
hoods, etc.) been properly <b>surveyed</b> in				
order to locate your reagents, samples, gases and hazardous waste?				
4. Have all <b>compressed gas cylinders</b> that				
are empty or no longer needed been				
returned to Praxair, or arrangements made				
for their return? (Please specify				
arrangements and attach a list)				
5. Has all hazardous waste (chemical,				
biological, sharps, broken glass, etc.),				
including samples & reagents no longer				
<b>needed</b> , been sent to Science Stores for				
disposal? If not, please label all waste and attach a completed disposal request form.				
6. Has all <b>glassware</b> been emptied, cleaned,				
and the contents contained for disposal?				
(Check lab area plus refrigerators,				
freezers, fume hoods, biological safety				
cabinets, storage cabinets, etc.)				
7. Has all <b>lab equipment</b> been shut down,				
cleaned and left in suitable condition for				
the next user?				

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equipment must made arrangeme posting along w disposal of hazar (radioactive sour biologicals, capa mercury switche					
	CYLINDERS, CHEMICALS &	SAMPLES <sup>·</sup>	THAT NEE	D TO REMA	IN IN THE LAB:
9. Has someone be ownership? (If y owner and attack and/or samples.)	en designated to take es, please indicate new n list of gases, chemicals				
securely (discon	g <b>gas cylinders</b> stored nected from equipment, ved, capped, securely				
11. Are all remainin containers secure	g <b>chemical and sample</b> ely closed, in good cored appropriately?				
	g c <b>hemical containers</b> beled legibly with bplier labels?				
13. Are all remaining legibly?	g <b>samples</b> labeled				
	· · ·				
15 Harris all larger for		CELLANEC	JUS		
	r drawers, cupboards, en returned to your				
	tridges, boxes and papers ecycled (or shredded if				
coats and other I etc.)?	ding used gloves, lab PPE that cannot be reused,				
18. Has all relevant your supervisor?	work been forwarded to				
19. Have all persona from your work	Il items been removed area?				

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# EXIT INSPECTION FOR STUDY SPACE/OFFICES AND LAB(S)

20. Have all non-personal items been returned to your supervisor, such as equipment manuals, equipment maintenance records, software, CD's, flash drives, office supplies, borrowed textbooks, etc.?		
<ul><li>21. Have your passwords on lab computers been deleted or given to your supervisor?</li></ul>		
22. Other:		
23. Other:		
24. Other:		
25. Other:		