



Researcher Offboarding Checklist

Department of Chemical and Materials Engineering

*This form is to be completed by the student or staff who is leaving a research space
(e.g., graduating, moving to a different research group at the U of A, etc.)*

According to the Alberta OHS legislation, research groups are responsible for control of their hazards. A proper offboarding process is an important part of hazard management. Anyone planning to leave a research space (e.g., graduating students, or staff moving to new roles) must complete an offboarding checklist to help groups minimize the risks associated with materials being left behind. Once completed, the form should be reviewed and approved by the supervisor for that space.

It is the supervisor's responsibility to ensure all aspects of an employee exit are concluded. For more details, see the [Offboarding Program](#).

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|--|--|
| Name of the person leaving the group: | |
| Contact info of leaving person (non U of A email and phone number): | |
| Name of Principal Investigator (PI): | |
| Lab Manager (if applicable): | |
| Project title(s): | |
| Dates of work beginning and end (mm/yyyy - mm/yyyy): | |
| Locations where experimental work was performed (include collaborator's laboratories and shared spaces, for example, IOSI, nanoFAB, etc.): | |
| Was the work area properly cleaned? Were the samples/materials removed from shared spaces (IOSI, nanoFAB, etc.) and collaborator's laboratories? | |
| Were training, procedures and duties transferred to remaining group members? | |
| Are there experimental records left? (i.e laboratory notebooks) (Yes/No and location) | |
| Are there experimental products left? If yes, please complete the table below. : | |
| Were old/expired/damaged items disposed of? | |
| Were all common use items in good condition returned to assigned storage locations? | |



| | |
|---|--|
| Was all glassware, and/or equipment properly cleaned? | |
|---|--|

Details of Samples left with the research group

| Type of Hazard | Chemical | | | Biological | | | Radiation | | |
|--|----------|----|-----|------------|----|-----|-----------|----|-----|
| | Yes | No | N/A | Yes | No | N/A | Yes | No | N/A |
| Experimental Products/samples left in the lab? | | | | | | | | | |
| Samples are clearly labelled? | | | | | | | | | |
| Samples storage location | | | | | | | | | |
| When can samples be discarded? | | | | | | | | | |

Office and Building Access Items

| | |
|---|--|
| Were all personal items and effects from the lab, office, or cubicle removed? | |
| Was your office or cubicle cleaned and disinfected? | |
| Were all office computer equipment and accessories returned to the Principal Investigator (PI)? | |
| Were all lab and office keys returned to CME Reception? | |

Signatures

Complete this section to indicate that off-boarding activities have been completed satisfactorily.

Signature of individual leaving the space _____ Date _____

Signature of supervisor for the space _____ Date _____

Completed forms can be handed into the CME reception on DICE 12th-floor