



CHBE RESEARCH CLEARANCE FORM

DATE: _____ NAME: _____

STUDENT / EMPLOYEE # _____ SUPERVISOR: _____

OFFICE #: _____ DESK #: _____ LAB #: _____

Indicate Position: MAsc/MSc MEng PhD Staff PDF

Research Associate Visiting Faculty/Scientist Visiting Student

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1. Graduate students submit this form with their thesis or report. Others submit this form prior to leaving the department.
 2. Consult with your supervisor to determine disposition of equipment, partial and full compressed gas cylinders and chemicals/samples. Complete de-commissioning checklist for all equipment to dismantle. List all equipment you have used throughout your research on the attached list (page 3) and all chemicals remaining (page 4).
 3. Clear the desk, filing cabinets and office space that you have been using and remove all items. Any cleaning required will be charged to the supervisor.

Supervisor
Initials

4. _____ Disposed of all non-reusable materials.
5. _____ Disposed of all waste and surplus chemicals properly.
6. _____ Transferred all chemicals and samples to supervisor. Removed all samples and materials from cold room (fill out form on page 4)
7. _____ Thoroughly cleaned the laboratory area.
8. _____ Completed decommissioning form(s) for equipment to dismantle; submit workshop or plant ops request to dismantle equipment.
9. _____ Transferred operating and safety procedures of equipment to remain active to successor and/or supervisor.
10. _____ Returned all Stores equipment (tools, dollies, etc.)
11. _____ Returned empty gas cylinders to appropriate rack in Courtyard. Transferred full and partial gas cylinders to supervisor (update tags).
12. _____ All items removed and desk and office space cleaned.



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13. Return keys to Parking & Access Control and obtain receipt. Attach the receipt to form.

Additional Components (Graduate Students):

https://ubc.ca1.qualtrics.com/jfe/form/SV_1HUGq2rSnoA4hjT

I have completed the Graduate Student CHBE Exit Survey

After completing items 1 through 13, sign this form and obtain supervisor signature.

I confirm that I have appropriately disposed of materials and equipment, cleared and cleaned desk, office and lab spaces and left equipment and lab areas in a safe condition.

Name: _____ Date: _____
(Print)

Signature: _____

Advisor: _____
(Supervisor)

Submit the completed forms on: <https://www.chbe.ubc.ca/resources/research-clearance-form/>



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EQUIPMENT STATUS

List all equipment you have used throughout your research

**If equipment is to remain active, please indicate name of researcher to take over use of equipment.*

If equipment is to be decommissioned, please indicate projected date of re-commissioning & attach completed copy of equipment de-commissioning form

Equipment	Location	CHE #	Equipment to remain active (Y/N)?*



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CHEMICALS/SAMPLES STATUS

List all chemicals you will be leaving behind

**Any retained samples must be prepped and labelled with disposal date.*

Chemical <i>(name, concentration, phase, qty)</i>	Location	Exp. Date	Name & signature of researcher to take over use chemical/sample