

RESEARCH SAFETY LABORATORY CLEARANCE CHECKLIST



SECTION 1 – TO BE COMPLETED BY THE PERSON VACATING THE LABORATORY

Answer all questions (mark with an “X”) and return to: researchsafety@kaust.edu.sa

Full Name (Please print):		LAB Details: (FLOC No., B4-0250)	
Office Number:		Mobile number:	
Department:		KAUST ID:	
PI Name		PI Contact Number:	

SECTION 2 – TO BE COMPLETE BY LAB PERSONNEL VACATING THE LABORATORY

Material I work with
(check all that apply): ☐ Biological ☐ Chemical ☐ Radioactive

Are you a Lab Safety
Representative (LSR)? ☐ Yes ☐ No

Question	Comments
1. Laboratory notebook has been handed over to the supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Research materials/samples have been disposed or transferred to another lab member? If transferred, please provide the names of the persons.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Assigned work and storage areas are cleaned/decontaminated and empty?	
Laboratory bench	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Cabinets and drawers	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Refrigerator	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Freezer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Cold room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Service corridor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. All hazardous wastes have been appropriately disposed of?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Assigned materials have been returned to supervisor?			
Lab coat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Keys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. If dosimeters were used, provide dosimeter(s) number and confirm that dosimeter has been returned to the Radiation Safety Officer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Insert details of any other actions taken:			

I confirm that the above statements are true and have been completed.

Lab Personnel : _____ Date: _____

PI/LSR Signature: _____ Date: _____

SECTION 3 – TO BE COMPLETED BY THE RESEARCH SAFETY TEAM REPRESENTATIVE

Are the above statements true and the person cleared? ☐ Yes ☐ No

RST Representative Name: _____ KAUST ID: _____

Laboratory Visit Date: _____ Signature: _____

If the laboratory (or assigned area) was found not free of hazards and a clearance cannot be issued, provide explanation below and communicate to the Lab User and PI/LSR by email.
