



**DEPARTURE SHEET
FOR THE DEPARTMENT OF IPHYS COLLABORATORS**

This sheet will serve as a guideline for your departure from the institute.

Name:

First name:.....

Function:

Laboratory name:

Responsible professor:

Registered on door safety data sheet, laboratory number(s):
.....

Returned laboratory key number(s): Do you want to keep specific access?
.....

Do you want to keep specific access? yes / no

If so, which:.....

Have you contacted your COSEC? yes / no

Departure checklist:

Have you returned all apparatus and equipment borrowed? yes / no
 n/a

Were there any chemicals you were the only one to use? yes / no
If so, which:.....

Do you have personnel protection equipment (prescription safety glasses, lab coat, safety shoes) you no longer want? yes / no
If so, which:.....

Have you handed over or eliminated your samples? transferred / eliminated
If transferred, to whom:.....
 n/a

If you passed an ophthalmic control when you enter the institute, have you done the checkout visit? yes / no

- If you used a computer dedicated to an experiment, have you communicated the username and password? yes / no
IP number of the computer:.....
 n/a

During your activities within IPHYS were you satisfied with the level of safety?
Which points would you improve?

.....
.....
.....
.....
.....

- OPTIONAL: my new professional address:
-
-
-
-
-

I have read all the above points and answered them truthfully.

Date:

Signature: