

LABORATORY CLEARANCE FORM SCHOOL OF PHARMACEUTICAL SCIENCES

Name : _____

Email Address : _____

Programme : _____

Discipline : _____

Matric Number : _____

No.	Room No.	Lab	Name of Lab Staff	Supervisor	Officer Confirmation (Signature)
1.					
2.					
3.					
4.					
5.					

PROCEDURE FOR LAB CLEARANCE

No.	CHEMICAL & NATURAL PRODUCT	Student Checklist	Lab Staff signature
1.	Return all borrowed items to all labs		
2.	Search out and evaluate all chemicals and label all containers		
3.	Prepare chemicals or microbiological wastes for disposal		
4.	Clean glasswares, refrigerators, oven and etc.		
5.	Clean working area		
6.	Transfer responsibility for material to:		

No.	RADIOACTIVE MATERIAL (RELEVANT/NOT RELEVANT)*	Student Checklist	Lab Staff signature
1.	Label and secure material		
2.	Dispose all radioactive wastes		
3.	Transfer responsibility for material to:		

No.	MICROORGANISMA, CULTURES & BLOOD PRODUCTS (RELEVANT/NOT RELEVANT)*	Student Checklist	Lab Staff signature
1.	Label and secure material		
2.	Autoclave wastes		
3.	Clean glasswares		
4.	Clean incubators and oven		
5.	Clean refrigerators		
6.	Transfer responsibility for material to:		

No.	ANIMAL RESEARCH AND SERVICE CENTRE (ARASC) SUPPLIES (RELEVANT/NOT RELEVANT)*	Student Checklist	Lab Staff signature
1.	Clean cages, animal holders, drinking bottles and return		
2.	Clean working area		
3.	Transfer responsibility for material to:		

No.	EQUIPMENT AND KEYS (RELEVANT/NOT RELEVANT)*	Student Checklist	Lab Staff signature
1.	Return equipment or apparatus loaned from other sections or labs		
2.	Update loan records and stock cards		
3.	Return keys to the person in-charge		

VERIFICATION

STUDENT		MAIN SUPERVISOR	
Signature :		Signature :	
Name :		Name :	
LAB OFFICER			
Comment :			
Name :		Signature :	

“A COPY OF THIS FORM COMPLETED AND SIGNED SHOULD BE RETURNED WITH YOUR FINAL THESIS”