



ESH&A Employee Exit Review Form

Date _____
Name (print) _____ Employee Number _____
Office Address _____ Supervisor/Group Leader _____

Attached is a list of items that you purchased during your tenure with Ames Laboratory. As part of the check-out procedure, please reassign them to be used by other group members or dispose of properly. Additionally, the Laboratory requires that employees leave their workspaces in a clean and orderly condition and return any samples or hazardous materials, which may have been taken offsite.

Please review the following items, sign, and date on the designated line.

Have your supervisor, group leader, department manager, division director, or designee sign and then return this form to ESH&A.

Employee must ensure:

- research chemicals, samples, standards, and synthesized material are stored and labeled properly or disposed of through ESH&A
- chemical wastes are scheduled for disposal
- workspaces assigned to you are clean and in good condition
- group leader or supervisor is aware of the chemical materials, equipment, and any other hazards associated with your research

COMPLETE BACK SIDE

*If you need assistance with this form, contact
Environment, Safety, Health and Assurance in G40 TASF or call 294-2153.*



1. Have you turned in or reassigned all radioactive materials in your control?

YES NO NA

If **YES**, to whom? _____

2. Have you returned radiation dosimetry badges / rings to ESH&A?

YES NO NA

If **YES**, print address to send final dosimetry exposure report:

3. Have you reassigned all research equipment or apparatus in your control?

YES NO NA

If **YES**, to whom? _____

4. Were you a laser user?

YES NO

If **YES**, it is advised that you get an exit eye exam at Occupational Medicine.

Do you wish to have an eye exam?

YES NO

5. Have you reassigned all chemicals and samples in your inventory or made arrangements for disposal?

YES NO

6. Have you requested final pickup of hazardous waste you have generated?

YES NO

7. Were you a Safety Coordinator or a Safety Representative?

YES NO NA

If **YES**, who will replace you?

8. Were you a Group Leader or Activity Supervisor on a Readiness Review?

YES NO NA

If **YES**, who will replace you?

9. Do you have any research chemicals / samples offsite (i.e., other laboratory, home, etc.)?

YES NO NA

If **YES**, Please return to your Group Leader or Activity Supervisor.

I verify that the above issues have been reviewed and addressed.

 Employee Signature

 Group Leader/Department Manager, Division Director, or Designee