

RESEARCH PROJECT COMPLETION FORM

Complete this form prior to leaving the School of _____ and signed by your supervisor. The completed form should be submitted to the School Administration Office.

Name: _____ Location/s: _____ Staff/Student No: _____

Supervisor/s: _____ Start Date: _____ Completion Date: _____

UOW Email: _____ Mailing list/s: _____

Photocopy ID: _____ Swipe2Print user: Yes/No _____

Position at UOW

Hons MSc PhD School Staff Research Staff UG Project Volunteer

Other: _____

SECTION A: TO BE COMPLETED BY PERSON LEAVING THE SCHOOL/UNIT in SMAH:

I have :-

- Checked and cleaned my office & work area, including storage areas, benches, fume cupboards, ovens, freezers and refrigerators.
- Correctly labeled and stored **chemicals** in the appropriate location for general use and updated the chemical stock holdings on [ChemAlert](#).
- Correctly labeled and stored **research samples** to be retained at UOW (include name, supervisor, description and disposal date as well as hazard identification).
- Correctly labeled and disposed of **waste** and unwanted research samples via UOW waste contractors.
- Cleaned and returned all glassware and equipment, including items on loan from other areas.
- Reported any malfunctioning equipment to Area/Laboratory Supervisor.
- Spoken to supervisor and field store staff to ensure samples either dry or cool stored after completion of my work are correctly wrapped, labelled and catalogued.
- Spoken to supervisor and field store staff to ensure correct disposal of all other samples.
- Cleaned and returned all equipment to the field store, including items on loan from other areas.
- Reported to field store staff all breakages, equipment failures or potential hazards with field equipment.
- Completed the specific facility departure checklist for work in the **ERC** or **ARF**
- Copied all relevant data and documents to the UOW server for the research group/unit.
- Boxed laboratory books and other documents (box labelled with name, supervisor, year of completion)
- Paid all outstanding School fees (including photocopying and/or printing).
- Returned all **keys & electronic access cards to School Administration Office** including keys for lockers/filing cabinets.

Name: _____ Signature: _____ Date: _____

- I wish to be informed of School events. Add my email address _____ to alumni list.

SECTION B: TO BE COMPLETED BY SUPERVISOR

I have inspected the work area used for the above project with the researcher and am satisfied the researcher has complied with all requirements of the Faculty of Science, Medicine & Health.

Supervisor Signature: _____ Date: _____

Office Use Only:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> all keys returned | <input type="checkbox"/> Electronic access card returned | <input type="checkbox"/> email list (remove) | <input type="checkbox"/> web page |
| <input type="checkbox"/> delete server access | <input type="checkbox"/> S2P deleted from access card | <input type="checkbox"/> email list (add to alumni) | <input type="checkbox"/> phone list |
| | | | <input type="checkbox"/> noticeboard |