

Laboratory Close-Out Verification

This statement is to confirm that the Lab close-out procedures have been completed by the responsible PI or other responsible individual.

Department.....

Building Name.....Room Number.....

Principal Investigator / Printed Name.....

PI Signature.....Date.....

Laboratory Supervisor Printed Name.....

Laboratory Supervisor Printed Signature.....Date.....

RMS Representative Printed Name:

RMS Representative Signature:.....Date:.....

Department Head Printed Name:

Department Head Signature:Date: