



**BMS LABORATORY CLEARANCE FORM**

Unit (Please tick)	<input type="checkbox"/>	Anatomy & Medical Museum
	<input type="checkbox"/>	Biochemistry – Molecular - Proteomic
	<input type="checkbox"/>	Microbiology – Physiology - Pharmacology
	<input type="checkbox"/>	Centralized Teaching Laboratory

**STUDENT / RESEARCHER INFORMATION**

Name			
Student/Staff No.			
Contact No.		Email	
Kulliyah/ Department			
Laboratory Name			

**PROCEDURE FOR LAB CLEARANCE**

No.	Descriptions	Student Checklist
1	Bench tops, shelves, drawers, cabinets, and work areas have been cleaned	
2	Remaining chemicals, samples and disposables had been cleared or donated to the laboratory	
3	All borrowed items had been returned	
4	All equipment used are left in safe manner and cleaned	
5	All waste had been removed and disposed accordingly	

**ACKNOWLEDGEMENT BY STUDENT/RESEARCHER**

I certify that the Laboratory Clearance Procedures have been followed to the best of my ability

Signature :  
Student/Researcher Name :  
Date :

**FOR LAB USE ONLY**

I verify that the above student/researcher had done the laboratory clearance properly

Signature :  
Staff in Charge :  
Date :