

Returned Space Checklist

Building:	Floor:	Room/Suite:
Name of group ret	turning the space : _	
Phone Number: _ Email Address: _ Space Ownership:		Secondary contact: Phone Number : Email Address:
		WUSM :
Contact information	on for owner: Name	e Phone:
Date new space (in Who is the WUSM Notes regarding the	f applicable) is being I Project Manager (if	ved to a new location: Yes No Soccupied: f applicable):
Timing: Date the current s Is there a notice re If yes, when must Furniture: Furniture is being: Notes regarding fo	pace is being vacate equirement for vacate notice be given: Removed	ed/returned: ting the space: Yes No \(\square\$



are necessary.

Returned Space Checklist - continued

Special Equipment:
Is there any special equipment in the space : Yes \square No \square
If Yes, please describe the equipment and where/how it will be moved:
Classian / Bansius
<u>Cleaning / Repairs:</u> Who will be responsible for cleaning the space:
· · · · · · · · · · · · · · · · · · ·
WUSM Facilities Occupant Other Party
Notes regarding cleaning or any needed repairs:
Environmental Health and Safety:
Is there anything in the space that needs EH&S review: Yes \Box No \Box
If Yes, has EH&S Lab Safety Status form been completed: Yes \Box No \Box
If Yes, please described the items needing EH&S review:
Keys and Locks
Entry/Exit doors re-keyed to WUSM Facilities Only: $\gamma_{es} \square N_0 \square$
Date Changed: Master Key Type:
Please contact the Space Management Coordinator (314-362-8146) if lock changes