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| **Form: End of project** | **NTNU****Department of Materials Science and Engineering** |

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| Name: | Supervisor: |
| Position: | Group: | Office: |

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| **Task** | **Controlling authority** | **Approved by (sign.)** |
| **K2** | **AGV** |
| 1. Clear your laboratory spaces (**see next page**)
 | Contact the room responsible in your labs to check your working space |  |
| Lab 1: |  |
| Lab 2: |  |
| Lab 3: |  |
| Lab 4: |  |
| Lab 5: |  |
| 1. Clear your office / work station. **Office no.:**
 | Solveig Jonassen  | Pål C. Skaret |  |
| 1. Hand in PC equipment (except that to be transferred to another project)
 | Anita Storsve | Pål C. Skaret |  |
| 1. Hand in your ID-card
 | NTNU ByggsikringSentralbygg 2, level 2Tel. 91897150 |  |
| 1. Hand in your keys

Key system no:Key no: | NTNU ByggsikringSentralbygg 2, level 2 | Pål C. Skaret |  |

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| **Responsibilities** (If any, state your responsibilities, e.g. apparatus responsibility) | **Undertaken by (sign.)** |
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| **New contact information** (remember to redirect your mail) |
| Address: |
| E-mail: |
| Phone nr: |

Date / Signature:

**The completed form is returned to Anita Britt Olsen, room 214, Kjemiblokk 2 (or postbox)**

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