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| **C:\Users\win7\Pictures\images (1).jpgLaboratory Evaluation Checklist** | AY: 2016 – 2017 | Lab Name |  | | Lab. No |  |
| Faculty |  | Department |  | | |
| Division |  | | | | |
| Laboratory Technician |  | | | Mobile |  |
| Laboratory Supervisor |  | | | Mobile |  |
| Head of The Division |  | | | Mobile |  |
| Department Chairman |  | | | Mobile |  |

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| **Date**  **From: \_\_\_/\_\_\_/\_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_** | **Time** | **Program** | **Course** | **Session Name** | **Organization**  (Punctuality, Cleanliness & Inventory Management, Floor and Slab, Store Maintenance, Students Attendance, Research cooperation, Incident report) | **Safety Measure**  (Follow safety protocols, PPE arrangements, Chemical & Biohazard safety, Infection control & waste management) | **Quality Control**  (Maintenance register, Fume hood & other equipments maintenance, Formalin PPM, Amalgam or other chemical and biohazard safety cabinet maintenance etc) | **Preparation**  (Reagents, Animals, Stains, Glassware Cleaning etc) | **Learning & Teaching Aids**  (Specimens, cadavers, equipments, glass slides, Powervote, power lab, Learning resources – management before and after the sessions) | **Signature (Instructor)** |
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| **Date** | **Time** | **Program** | **Course** | **Session Name** | **Organization**  (Punctuality, Cleanliness & Inventory Management, Floor and Slab, Store Maintenance, Students Attendance) | **Safety Measure**  (Follow safety protocols, PPE arrangements, Chemical & Biohazard safety, Infection control & waste management) | **Quality Control**  (Maintenance register, Fume hood & other equipments maintenance, Formalin PPM, Amalgam or other chemical and biohazard safety cabinet maintenance etc) | **Preparation**  (Reagents, Animals, Stains, Glassware Cleaning etc) | **Learning & Teaching Aids**  (Specimens, cadavers, equipments, glass slides, Powervote, power lab, Learning resources – management before and after the sessions) | **Signature (Instructor)** |
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| **Comments**  **(Lab Supervisor)** | |  | | | | | | | | |

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| **Signature with Date** |  |  |  |
| **Name & Designation** | **(Laboratory Supervisor)** | **(Head of The Division)** | **(Department Chairman)** |