Checklist for Raizada Lab **Week of _____**

___ 2uL tips (2 spares)
___ 20 ul tips (4 spares)
___1 ml tips (2 spares)
___ 0.5 ml tubes (2 jars)
___ 1.5 ml tubes (3 jars)
___ 2ml tubes (2 jars)

___ fill buoys with ddH20
___ fill buoy with 0.5X TBE
___ fill buoy with 1X TAE
___ change pH meter solutions
___ fill 70% ethanol bottles
___ fill ddH20 wash bottles

___fill and autoclave bottles of ddH20 (specify)
___ LB liquid media (specify)_____
___ LB plates (specify)_____
___ 2x YT plates (specify) _____
___ 2.5 M CaCl2
___ 1M MgCl2
___ 1M MgSO4
___ 3M Sodium acetate
___ 5M NaCl
___ 0.5M EDTA
___ 10% SDS
___ 50X TAE
___ 10X TBE
___1M Tris pH 8
___ 1M Tris pH 7.5
___ 10X TE Buffer
___ antibiotic stock solutions (specify)_____
___ 10X gel loading buffer
___ Arabidopsis/Maize media (specify below)
___ Safety issues (specify) _____
___ Equipment maintenance (specify) _____
___ Cartridges for water purification system
___ Other tasks:

___ink cartridges (specify)_____
___ Printer paper
___ CD-R
___ other stationary supplies (specify)_____

___ order Mendel tips (specify) _____
___ order PCR barrier tips _____
___ order micro-tubes (specify) _____
___ order 10 ml pipettes _____
___ order 50 ml tubes
___ order 15 ml tubes
___ order 115 ml filters
___ order Petri dishes (specify) _____
___ order/pick up gloves (specify) _____
___ pick up ethanol (specify quantity) _____
___ pick up bench coat
___ Saran wrap # rolls _____
___ pick up aluminum foil
___ buy or autoclave (circle) toothpicks
___ order or autoclave (circle) Pasteur pipettes
___ pick up Parafilm (specify #)
___ order syringes (specify) _____
___ order 0.2 uM filters (specify) _____
___ order dishwashing soap
___sterilize glassware (specify) _____
___ wash/autoclave 6 ml yellow-capped culture tubes
___ order Kimwipes
___ pick up Paper towels
___ Waste disposal (specify) _____
___ freezer/fridge defrost _____
___Flowhood bench filter change _____
___ Pipetman servicing _____
___ Computer/printer (specify) _____
___Greenhouse request _____
___ Growth chamber request _____
___Organizational issues (specify) _____

ORDERING

Your Name	Product Name	Quantity	Company	Catalog#	When needed?