**Environmental Health and Safety**

**Biological Safety Cabinet relocation/Installation Form**

**Laboratory equipment relocation/Installation Form**

**Existing cabinet / laboratory Equipment for relocation**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have followed the relevant policy and advice concerning the sterilization and decontamination of this Biological Safety Cabinet/laboratory equipment. The working surface of this Biological Safety Cabinet /laboratory equipment has been decontaminated with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (disinfectant) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

The biosafety of this cabinet/laboratory equipment no longer poses a biohazardous threat and is now considered safe to transport, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to new location of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**New cabinet for installation/ New equipment installation**

A new cabinet was installed in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (room number) on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) certified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**BSC/laboratory equipment information:**

Manufacturer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Model Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serial Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UNTHSC ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill out and signed the form and attach a copy of the form to the equipment that needs to be moved. Email completed from to BSO** **Maya.nair@unthsc.edu)**  **and** **ibc@unthsc.edu**