

Yale Environmental Health & Safety

Request to Add/Remove Biosafety Cabinet Contract

- Write legibly or type.
- Obtain authorizer signature.
- Business Office: Retain copy for your files.

Return the completed form by campus mail to Biosafety Cabinet Program, EHS, 135 College Street, Suite 100, by email to ehs@yale.edu or by fax to 203-785-7588.

Today's Date:	
Principal Investigator	
Name:	Department:
Lab Supervisor Responsible for Biosafety Cabinet	
Name:	Phone:
Location of Biosafety Cabinet	
Building:	Room:
Biosafety Cabinet Details	
Make:	Type:
Model:	Serial #:
Used with radioactive material? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Office Contact	
Name:	Email:
Phone:	Fax:
Department name:	Campus address:
Charging Instructions	
<i>Indicate the COA charging instructions. EHS will process the payment.</i>	
Company:	
Yale Designated:	
Grant:	
Gift:	
Cost Center:	
Program:	
Project:	
Spend/Revenue Category:	
Ledger Account:	
Location:	
Assignee:	
Authorizer (Business Office)	
Name:	Signature:
Date:	