

Yale Environmental Health & Safety

REQUEST TO ADD/REMOVE BIOSAFETY CABINET CONTRACT

INSTRUCTIONS:

Write legibly or type.

Obtain authorizer signature.

Send form by any of the following methods:

by Campus Mail - Biosafety Cabinet Program, EHS, 135 College Street 1st floor

by Email ehs@yale.edu

by Fax 785-7588

Business Office - retain copy for your files

Add to contract

Remove from contract

TODAY'S DATE:

PRINCIPAL INVESTIGATOR:

NAME:

DEPT:

LAB SUPERVISOR RESPONSIBLE FOR BIOSAFETY CABINET:

NAME:

PHONE:

LOCATION OF BIOSAFETY CABINET:

BUILDING:

ROOM:

BIOSAFETY CABINET DETAILS:

MAKE:

TYPE:

MODEL:

SERIAL NO.:

Used with Radioactive Material

BUSINESS OFFICE CONTACT:

NAME:

EMAIL:

PHONE:

FAX:

DEPT NAME:

CAMPUS ADDRESS:

CHARGING INSTRUCTIONS:

PROJECT	TASK	AWARD	EXP. TYPE	ORGANIZATION
<input type="text"/>	<input type="text"/>	<input type="text"/>	883400	<input type="text"/>

AUTHORIZER (BUSINESS OFFICE)

NAME

SIGNATURE

DATE

FOR OEHS USE ONLY:

Date received

Received by

JSA Batch

JSA Date

Form date: April 1, 2013