High Risk Biomaterial
Shared Freezer Storage Map

Department/Division: _____ Building/room: _____ Freezer#: _____

Principle Investigators (PI) sharing this unit:

Shelf 1-Rack 1-Level a Boxes #: PI:_____ Staff: _____	Shelf 1-Rack 2-Level a Boxes #: PI:_____ Staff: _____	Shelf 1-Rack 3-Level a Boxes #: PI:_____ Staff: _____
Shelf 1-Rack 1-Level b Boxes #: PI:_____ Staff: _____	Shelf 1-Rack 2-Level b Boxes #: PI:_____ Staff: _____	Shelf 1-Rack 3-Level b Boxes #: PI:_____ Staff: _____
Shelf 1-Rack 1-Level c Boxes #: PI:_____ Staff: _____	Shelf 1-Rack 2-Level c Boxes #: PI:_____ Staff: _____	Shelf 1-Rack 3-Level c Boxes #: PI:_____ Staff: _____
Shelf 2-Rack 1-Level a Boxes #: PI:_____ Staff: _____		