



Installation, Relocation, or Removal of Biosafety Cabinets

Please complete and submit the completed form to the Biosafety Officer in CSC 162 for approval **PRIOR** to installation, relocation, or removal.

NAME OF P.I.:		DEPT.	
P.I.'S TELEPHONE #		FAX:	EMAIL:

Installation Approval	
Location of BSC: _____	Installation Date: _____
Number of BSC(s) to be installed: _____	BSC Type(s): _____
Manufacturer: _____	Model No: _____ Serial No. _____
Work to be perform in BSC:	

Relocation Approval	
Initial location of BSC: _____	Relocation Date: _____ Final location: _____
Number of BSC(s) to be relocated: _____	BSC Type(s): _____
Manufacturer: _____	Model No: _____ Serial No. _____
Has BSC been decontaminated? Yes No* Decontamination Date: _____	
*If no, contact the Biosafety Officer to schedule decontamination	

Removal Approval	
Location of BSC: _____	Removal Date: _____
Number of BSC(s) to be removed: _____	BSC Type(s): _____
Manufacturer: _____	Model No: _____ Serial No. _____
Has BSC been decontaminated? Yes No* Decontamination Date: _____	
*If no, contact the Biosafety Officer to schedule decontamination	
Reason for removal:	

PI Signature: _____

Date: _____

EH&S Internal Use

Approved By:		Date Received:	
Approval No.		Date Returned	