

Biological Safety Cabinet Movement/Installation Form

Check one box:

- **Existing cabinet for movement**

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

The biosafety of this cabinet no longer poses a biohazardous threat and is now considered safe to transport, from _____ to new location of _____.

- **New cabinet for installation**

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

BSC information:

Model Number: _____

Serial Number: _____

Type: _____

The Environmental Health and Safety Department of UT- Southwestern have been notified and will be sent a copy of this form to 5323 Harry Hines Blvd. Dallas, Texas 75390 (mailing code 9053, x8-2371).

Principal Investigator/Dept. Manager

Date