



BIOLOGICAL SAFETY CABINET (BSC) CLEARANCE FORM

Today's Date: _____ BSC S/N: _____

BSC Brand: _____ Building: _____

Campus: _____ Room: _____ Phone: _____

Owner: _____ Contact: _____

If the unit is moving, please provide new location _____

-Scheduled date of move: _____

Have you been in possession of, and personally supervised the use of, the BSC unit over the past two years? (Y / N)

Have any of the following categories of agents been used in this BSC unit within the past two years?

-Human Pathogens? (Y / N)

-Specify: _____

-Cell lines infected or transformed by oncogenic viruses or other biohazardous agent? (Y / N)

-Specify: _____

-Recombinant Agents? (Y / N)

-Specify: _____

Exempted under section III-F of the NIH Recombinant DNA guidelines?

(Y / N)

-Chemicals used for the purpose of inducing carcinogenic, teratogenic, mutagenic effects? (Y / N)

-Specify:

(Lab – P.I) Sign & Date _____

(UT-BSO) Sign & Date _____

CLEAR / DECON

For office use only. Reason for Decon:

Please fax form to Safety and Health at 383-3147 (HSC)