

BIO-SAFETY HOOD CERTIFICATION REQUEST

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Building: \_\_\_\_\_

Room: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

E-mail: \_\_\_\_\_

PI Name: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Serial number: \_\_\_\_\_

Last Date: \_\_\_\_\_

Purpose: \_\_\_\_\_

Completed: \_\_\_\_\_

Index #: \_\_\_\_\_

Due to a server problem, all laminar flow hoods will be certified by completing the above form, faxing to DOES at 368-2236. When received by DOES, The Information will be forwarded to our vendor, Laboratory Certification Services, to be scheduled.

If you should have any questions, Please contact us at 368-2907.