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REM USE ONLY: BSL _____

PURDUE UNIVERSITY

AGENT INVENTORY FOR BIOLOGICAL SAFETY CABINET & LAMINAR FLOW CLEAN BENCH USE

To ensure the safety of users and service personnel, Radiological and Environmental Management (REM) will not authorize service on this unit until this form is completed and returned. Provide all requested information to identify your laminar flow unit and regarding whether or not activities involving any biohazardous agents take place in the unit. **Use the "Submit by Email" button or return to REM via campus mail (REM/HAMP) and keep a copy for your records.**

Date: _____

UNIT LOCATION: Building: _____ **Room:** _____

Purdue ID Number: _____ **Serial Number:** _____

CABINET TYPE:
- ☐ Laminar Flow Clean Bench (LFCB) – Has Supply Air HEPA Filter Only
- ☐ Biological Safety Cabinet (BSC) – Has Supply & Exhaust HEPA Filters
  Is the BSC unit hard ducted? ☐ **YES** ☐ **NO**
- ☐ Cage Transfer Station
- ☐ Cage Dump Station
- ☐ Ventilated Cage Blower Assembly

1. Contact Person: _____ Telephone: _____ Email: _____

2. Department: _____ Principal Investigator (PI): _____

3. Have biological agents (e.g. bacteria, viruses, fungi, human fluids or cell lines) been used in this unit in the last 12 months?
   ☐ YES ☐ NO
   If "YES", name and describe materials; if "NO", explain how the BSC is used:

4. Have non-biological materials (e.g. electronics, drugs, chemicals, radioactive materials, animal bedding) been used in this unit in the past 12 months?
   ☐ YES ☐ NO
   If "YES", name, describe, and where applicable, list the maximum amounts used in cabinet at any one time:

5. Is a change of location or use (e.g. new project involving new agent(s), change of ownership or responsibility, conclusion of project resulting in reduced use) anticipated for this unit in the next 12 months?
   ☐ YES ☐ NO
   If "YES", describe:

See the Biological Safety Manual located on the REM website "Booklets and Guidelines" page for lists and classes of biological agents.

Revised: 1/28/2014

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