

FORM J NUMBER _____
Date _____

Return to: Biological Safety
Unit 4097
Phone: 486- 3613 Fax: 486- 1106

CLEAN AIR DEVICE USE JUSTIFICATION
LAMINAR FLOW BENCH (HLFB or VLFB) and BIOLOGICAL SAFETY CABINET (BSC)
PURCHASE OR REACTIVATION REQUEST FORM

PLEASE ATTACH A COPY OF THE **APPROVED FORM** TO PURCHASE ORDERS PRIOR TO
SUBMITTING TO PURCHASING

___ HLFB ___ VLFB ___ BSC

External/Internal Transfer of ownership ___ Reactivation from storage ___ Relocation ___ Initial Purchase ___

Petitioner _____ Telephone No _____

Original location (if applicable) _____

Proposed location _____ Department _____

Bldg/Rm No _____

Multiuser facility ___ Yes ___ No

Radioisotope to be used in unit ___ Yes ___ No ___ Maybe

Principal Investigator(s) _____

Make _____ Model _____ Serial No. _____ Vendor _____

Briefly describe the intended uses for the CAD you intend to purchase, in the space below. **IT IS UNIVERSITY POLICY TO ACTIVELY DISCOURAGE THE PURCHASE OF LAMINAR FLOW BENCHES (HLFBs or VLFBs).** Petitioners planning to purchase or reactivate HLFBs or VLFBs may attach additional sheets to describe the intended uses and to explain why a BSC cannot be used instead. The Principal Investigator or Petitioner may be requested to appear before the Biological Safety Committee to defend the submitted petition.

Reviewed by: _____ Date: _____ Approved ___ Denied ___