

Form to release equipment

GENERAL INFORMATION	
Date and time of repair/relocation	
Department	
Room number	
Containment level *	
Type of device to be repaired/relocated	
Device registration number	
Description of fault/relocation	
DECLARATION	
<p>The parts of the device that may be contaminated with GMO material, have been disinfected according to the requirements specified in the work instruction Disinfection of laboratories.</p> <p>The disinfection has been carried out with the following disinfectant (concentration/name disinfectant):</p> <p>.....</p> <p>Therefore, no microbiological risks are associated with repairing/relocating the device. Please consult the Biological Safety Officer if you have any doubts about the level of disinfection when opening the device.</p>	
SIGNATURE ABV	
Name	
Department	
Date/time of release	
Signature	
SIGNATURE BSO	
Name	
Date/time of release	
Signature	

* For containment level I, the ABV signs; for containment level II, the BSO and the ABV sign