Purchasing, Installation, Relocation, or Removal of Laboratory Fume Hoods

Please complete and submit the completed form to the Laboratory Safety Officer in CSC 162 for approval **PRIOR** to purchase, installation, relocation, or removal.

<table>
<thead>
<tr>
<th>NAME OF P.I.</th>
<th>DEPT.</th>
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<tbody>
<tr>
<td>P.I.’S TELEPHONE #</td>
<td>FAX:</td>
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</tbody>
</table>

### Purchasing Approval

Manufacturer of LFH: ________________________________
Model No: ___________________ Serial No: ___________________
Supplier of LFH: ________________________________
Number of LFH(s) to be installed: ______ LFH Type(s): ___________________
Work to be perform in LFH:

### Installation Approval

Location of LFH: ____________ Installation Date: ____________
Number of LFH(s) to be installed: ______ LFH Type(s): ___________________
Manufacturer: ______ Model No: ___________ Serial No. __________
Work to be perform in LFH:
** See ASHRAE 110 Test requirements for new installed LFH.

### Relocation Approval

Initial location of LFH: ______ Relocation Date: ______ Final location: ______
Number of LFH(s) to be relocated: ______ LFH Type(s): ___________________
Manufacturer: ________________________________
Model No: _________________ Serial No: _________________________________

Has LFH been decontaminated? Yes No* Decontamination Date: ______________
*If no, contact the EH&S Officer for further instructions.

** See ASHRAE 110 Test requirements for relocated LFH.

## Removal Approval

Location of LFH: _______________ Removal Date: ______________
Number of LFH(s) to be removed: ______ LFH Type(s): ______________
Manufacturer: _______________________________
Model No: _____________ Serial No: _________________________________
Has LFH been decontaminated? Yes No* Decontamination Date: ______________
*If no, contact the EH&S Officer for further instructions.

Reason for removal:

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## AS INSTALLED, ASHRAE 110 TEST**

Company doing LFH ASHRAE 110 Test: _______________________________
Location of LFH: _______________ Test Date: ______________
Number of LFH(s) to be tested: ______ LFH Type(s): ______________
Manufacturer: _______________________________
Model No: _____________ Serial No: _________________________________

**All new or relocated LFH must pass a “as Installed”, ASHRAE 110 Test before being cleared by EH&S for use.

Facilities Engineer Signature: ___________________________ Date: _____________
PI Signature: ___________________________ Date: _____________

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EH&S Internal Use

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<tr>
<th>Approved By</th>
<th>Date Received</th>
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<tr>
<td>Approval No</td>
<td>Date Returned</td>
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