Clean Air Device Purchase Approval Request

Clean Air Device	General Information	
Petitioner		
Principal Investigate	or	
Department		
Proposed location ((Building and Room)	
Original location (if	applicable)	
Will the CAD be loc	cated in a multiuser facilit	y?
Will Radioisotopes	be used in unit?	
Type of Clean Ai	r Device	
Please select one:		
Source of Clean	Air Device Requested	
Please select one:		
Vendor (for initial pu	ırchase):	
Clean Air Device	Description	
Make	Model	Serial No. (If available)
DISCOURAGE THE Why a HLFB was	HE PURCHASE OF LAM chosen and not a biosen any be requested to app	Clean Air Device. IT IS UNIVERSITY POLICY TO ACTIVEL IINAR FLOW BENCHES (HLFBs or VLFBs). Clearly state afety cabinet. Petitioners planning to purchase or reactivate ear before the Institutional Biosafety Committee to defend
Reviewed by:		
Approved Form J Number	Denied	