

Appendix 3:

Laboratory Move-In Checklist

Laboratory Application No. _____

Lab Coordinator: _____

Contact #: _____

Faculty ID cards issued to: _____

Lab Location: _____

Equipment Checklists:

Circle Y/N to note whether functioning correctly; add comments if needed

Safety Equipment:

Emergency shower access	Y	N	_____
Eyewash station working well?	Y	N	_____
Fire extinguisher charged?	Y	N	_____
Chemical (fume) Hood (certified)?	Y	N	_____
Biological Safety Cabinet (certified)?	Y	N	_____
Flammable chemicals cabinet?	Y	N	_____

Common Equipment access:

Autoclave	Y	N	_____
Dishwasher	Y	N	_____
Laundry machine	Y	N	_____
Ultrasonic Cleaners	Y	N	_____
Ice Maker	Y	N	_____
Water Purification	Y	N	_____
Dry Oven	Y	N	_____
CO ₂ Incubator	Y	N	_____
4°C Freezer	Y	N	_____
Centrifuge	Y	N	_____
Cell counter	Y	N	_____
Optical Microscopy	Y	N	_____
Biological Safety Cabinet	Y	N	_____

Laboratory Equipment:

Refrigerator (type)	Y	N	_____
4°C Freezer (type)	Y	N	_____
-20°C Freezer (type)	Y	N	_____
-80°C Freezer (type)	Y	N	_____
Incubator (type)	Y	N	_____
Oven (type)	Y	N	_____
Microwave (type)	Y	N	_____
Balance (type)	Y	N	_____
Hot plate (type)	Y	N	_____
pH meter (type)	Y	N	_____
Rotating evaporator(type)	Y	N	_____
Shaker (type)	Y	N	_____
Vacuum pump (type)	Y	N	_____
Vortexer (type)	Y	N	_____
Water bath (type)	Y	N	_____
Other (specify):	Y	N	_____

Specialty Equipment: (Mass Spec, NMR, HPLC, LC, GC, etc.) by appointment or contract.

Existing Issue:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Lab Coordinator: _____ **Date:** _____

CSMT: _____ **Date:** _____