



## Biosafety Cabinet Risk Assessment Form

<b>Principal Investigator (PI):</b>	
<b>BSC Location (Building &amp; Room):</b>	
<b>Years BSC has been used by PI:</b>	

Please consider the materials listed below and confirm that the biosafety cabinet (BSC) to be decommissioned or relocated or in which HEPA filters will be replaced or internal work will be performed has not been exposed to the following hazardous materials (check if any of these materials have been used in the BSC):

- Human pathogens
- Biological toxins
- Recombinant DNA/Genetically modified organisms
- Human-derived materials
- Other potentially infectious materials
- Prions
- Other. Specify
- No hazardous materials have been used

If any of the above materials have been used previously, specify the materials and how long it has been since they were last used?

--

Is the PI the original owner of the BSC?	Yes	No
If no, who was the original owner of the BSC?		
Specify the potential hazardous materials the previous owner used		

**I hereby certify that the above statements are true and correct to the best of my knowledge.**

Responsible Individual (Print Name):	
Responsible Individual (Signature):	Date: