

# Biological Safety Cabinet Maintenance Report

Facility:

Cabinet Model:

Cabinet Serial Number:

Cabinet Location/Room:

Date of Maintenance:

Technician Name:

## Maintenance Checklist

Task	Status	Notes
Pre-filters checked/replaced	<div></div>	<div></div>
HEPA filters checked/replaced	<div></div>	<div></div>
Blower function checked	<div></div>	<div></div>
Airflow velocity measured	<div></div>	<div></div>
UV light inspected	<div></div>	<div></div>
Surface decontaminated	<div></div>	<div></div>
Alarm system tested	<div></div>	<div></div>
Electrical components inspected	<div></div>	<div></div>

Operational certification performed	<div></div>	<div></div>
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Findings/Issues:

Recommendations/Comments:

Technician Signature:

Date Signed: