

# Restricted Laboratory Entry Log Sheet (Biohazard Level)

Laboratory Name: \_\_\_\_\_

Room Number: \_\_\_\_\_

Biohazard Level: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

| # | NAME | AFFILIATION/DEPARTMENT | ENTRY TIME | EXIT TIME | PURPOSE OF ENTRY | SUPERVISOR SIGNATURE |
|---|------|------------------------|------------|-----------|------------------|----------------------|
|   |      |                        |            |           |                  |                      |
|   |      |                        |            |           |                  |                      |
|   |      |                        |            |           |                  |                      |
|   |      |                        |            |           |                  |                      |