

MBI PROSPECTIVE TENANT INTERVIEW

Please fill out and email to Michele Crawford, MBI Health & Safety Director at mcrawford@massbiomed.org

WPI Core Facilities Link <http://www.wpi.edu/Admin/LSBC/analytical-instrumentation.html>

Date: _____

Company Name: _____

Contact Information: (names, phone #s, email):

Describe work to be done:

Space(s) of interest: _____

Equipment Needs:

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> Fume Hood | <input type="checkbox"/> Biosafety Cabinet | <input type="checkbox"/> Flammable storage cabinet |
| <input type="checkbox"/> Autoclave | <input type="checkbox"/> Gas Cylinder Restraint | <input type="checkbox"/> Glasswasher |
| <input type="checkbox"/> DI Water | <input type="checkbox"/> -80 Freezer | <input type="checkbox"/> Centrifuge |

Equipment being brought:

Hazard Evaluation (describe):

Radioactive Materials:

Biological Materials:(BL1 / BL2/ recombinant/ non-recombinant / Select agents)

Chemical Usage:

Equipment to be installed by company (HPLC, etc.):

Waste generation:

Laser Equipment/ Xray Equipment & Controls: (equipment,hazard class & controls)

