

Department: \_\_\_\_\_  
 Building: \_\_\_\_\_  
 Room(s): \_\_\_\_\_

# ATTENTION

**CUSTODIAL SERVICE**

YES  NO

Contact: \_\_\_\_\_  
 WSU Phone: \_\_\_\_\_  
 Emergency Ph: \_\_\_\_\_  
 PI: Yes  No

Contact: \_\_\_\_\_  
 WSU Phone: \_\_\_\_\_  
 Emergency Ph: \_\_\_\_\_  
 PI: Yes  No

Contact: \_\_\_\_\_  
 WSU Phone: \_\_\_\_\_  
 Emergency Ph: \_\_\_\_\_  
 PI: Yes  No



CF: \_\_\_\_\_  
 Gal: \_\_\_\_\_  
 Lbs: \_\_\_\_\_



CF: \_\_\_\_\_  
 Gal: \_\_\_\_\_  
 Lbs: \_\_\_\_\_



OX Class 4	OX Class 3	OX Class 2	OX Class 1
CF: _____	CF: _____	CF: _____	CF: _____
Gal: _____	Gal: _____	Gal: _____	Gal: _____
Lbs: _____	Lbs: _____	Lbs: _____	Lbs: _____



CF: \_\_\_\_\_  
 Gal: \_\_\_\_\_  
 Lbs: \_\_\_\_\_



WR Class 3	WR Class 2	WR Class 1
CF: _____	CF: _____	CF: _____
Gal: _____	Gal: _____	Gal: _____
Lbs: _____	Lbs: _____	Lbs: _____



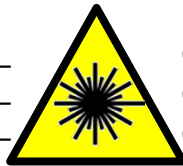
CF: \_\_\_\_\_  
 Gal: \_\_\_\_\_  
 Lbs: \_\_\_\_\_



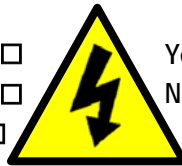
CF: \_\_\_\_\_  
 Gal: \_\_\_\_\_  
 Lbs: \_\_\_\_\_



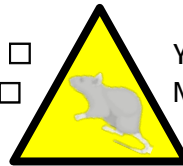
CF: \_\_\_\_\_  
 Gal: \_\_\_\_\_  
 Lbs: \_\_\_\_\_



Class 3R   
 Class 3B   
 Class 4



Yes   
 No



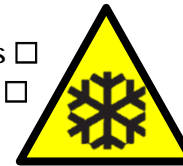
Yes   
 No



BSL 1   
 BSL 2   
 BSL 3



Yes   
 No



Yes   
 No   
 Gal: \_\_\_\_\_

Personal Protective Equipment Required for Entry:



Yes   
 No



Yes   
 No



Yes   
 No



Yes   
 No



Yes   
 No



Yes   
 No

Additional PPE Required for Entry:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notes:

\_\_\_\_\_  
 \_\_\_\_\_

Non-Potable Water

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