

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: \_\_\_\_\_



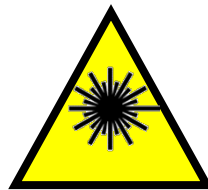
CF: \_\_\_\_\_  
Gal: \_\_\_\_\_  
Lbs: \_\_\_\_\_



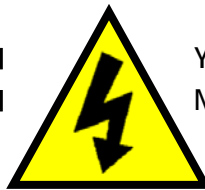
CF: \_\_\_\_\_  
Gal: \_\_\_\_\_  
Lbs: \_\_\_\_\_



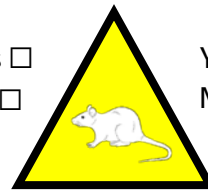
CF: \_\_\_\_\_  
Gal: \_\_\_\_\_  
Lbs: \_\_\_\_\_



Class 3R   
Class 3B   
Class 4



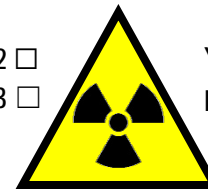
Yes   
No



Yes   
No



BSL 2   
BSL 3



Yes   
No

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: \_\_\_\_\_