INVENTORY FORM OF
NEW FUME CUPBOARDS

To: Safety Office (Fax: 2858 7159)  Date: _____________________

Department: ______________________________________________________________________________________

Building: ____________________________________________ Floor: ______ Room No.: __________

Manufacturer: ______________________________________________________________________________________

Model No.: __________________________________________ Serial No: ______________________________

Local Supplier: ______________________________________________________________________________________

Year Purchased: ________________ Inventory No.: _________________________ Unit Value: __________________

Contact person: __________________________________________ Email Address: ___________________________

Telephone: __________________________ (office) Fax No.: _________________________

Chemicals handled inside this fume cupboard:

<table>
<thead>
<tr>
<th>Chemical agents handled</th>
<th>Yes</th>
<th>No</th>
<th>Please provide detailed information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alkali</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organic solvents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radioactive materials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Users: ☐ Undergraduate students ☐ Postgraduate students ☐ Technicians
☐ Research assistants ☐ Academic staff ☐ Others: __________________________

Normal working sash opening: ☐ 500mm ☐ 400mm ☐ 300mm ☐ 200mm
☐ Others: __________________________

Frequency of using the cabinet:
☐ Daily ☐ Weekly ☐ Monthly ☐ Others: __________________________

General remarks: ____________________________________________________________________________________

Please complete the form and return to the Safety Office by fax or internal mail.

(d)irene/.../FC Inventory Mar04.doc

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