PRINT FORM AS NEEDED

APPENDIX C

DOTS:

Name: Grace Flock

Facilities and Services



Lash Miller Laboratories St. George Campus

Equipm	nent Barcode Num	nber (FRZ, R	EF, ULT, CRY	#):		
Equipm	nent belongs to:					
Freezer/Fridge Room #:			(add # and description of location)			
Temperature Set Point: ° C			or (modify as needed)			
Alarm Set Point: ° C &		° C or	(modify as appropriated)			
CO2 tr	iggered temperat	ture Set Poi	nt: - 60° C (if a	pplicable)		
	s to be contacted se and after hours		of failure (24/7) & the DOTS, Gra	ace Flock will be contacted it	no
	Name		Emergency Phone #		Work phone #	
	Responsible Lab Personnel: Name:					
	Responsible Lab	Personnel:				
	Principal Investig	gator:				
	Principal Investig	gator:				

If a freezer is not holding the temperature, locate a backup freezer and transfer all content from disable freezer to the backup freezer. Unplug broken freezer and activate freezer defrost SOP (do not leave the unplugged freezer unattended or you will cause a flood in the facility. Have a plan for re-location to secondary facility.

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647-444-3596

647-444-3596

416-978-3000