

Location: _____ **Room Number:** _____

Area Supervisor: _____

Phone: _____ **Email:** _____

Light Cycle: Eastern Standard Time  **On:** _____  **Off:** _____

Daylight Savings Time  **On:** _____  **Off:** _____

*For veterinary contact information, see **Obtaining Veterinary Care Sign** posted on this door.*

ROOM ENTRY PROCEDURES

PLEASE NOTE: Multiple hazardous agents may be in use. Refer to the Containment Binder in the room for further information.

Infectious and Chemical Agents at ABSL-2



DON THE FOLLOWING PPE **PRIOR TO ENTERING** THE ROOM:
MUST WEAR AT ALL TIMES:



Gloves



Disposable Plastic Gown



Waterproof Shoe Covers



Hair Bonnet



Eye Protection
(sealed eye protection if spraying)



N95 Required
when spraying or creating aerosols

DOFF THE ABOVE PPE _____

*Please note that gowns and gloves **must be changed** between PIs and different agents if cages are opened.*

*All other PPE does **not** need to be changed but still needs to be worn.*

ANY EQUIPMENT BROUGHT INTO THIS ROOM MUST BE CLEANED BEFORE LEAVING