|  |  |
| --- | --- |
| Department of Physics & Astronomy | Cabinet ID: |
| Contents validated by (SSA or TOM): | Date checked: |
| USERS: |
| Responsible person: | Primary contact: |
| CONTENTS (please tick all that apply): |
| c | Equipment | c | Non-Electrical | c | Electrical | c | Battery operated |
| c | Consumables |
| c | Components |
| c | Other (please describe): |

\*I *(insert name and date)*………………………………………………………………………………………..

confirm that the contents of this cupboard is being stored safely and appropriately at the time of validation and no hazardous substances are present.

|  |  |
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