|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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