

Oklahoma State University
Environmental Health & Safety

Date: _____

APPLICATION FOR FUME HOOD

PROCUREMENT / INSTALLATION

A&E: Project: _____

Small Jobs: Work Order#: _____

WCC: Work Order #: _____

Contractor: _____

Contact Person: _____

Address/Phone No.: _____

Location Information:

Building: _____

Room/Location: _____

Installation Date: _____

Campus Dept.: _____

Fume Hood Information:

Make, Model, and Type of fume hood: _____

Will this hood replace an existing fume hood? Yes No

Has this area been engineered to support the hood? Yes No

If Yes, by whom? _____; When? _____

Has a list of chemicals to be used in this fume hood been submitted to EHS? Yes No

Additional Details: (Attach schematic drawings, designs, sketches, etc.)

Approved for purchase

Not Approved for purchase

Code Official _____

Date _____

Installed equipment Passed / Failed certification testing by:

Approved for use

Not Approved for use

Testing Firm _____

Date _____

Code Official _____

Date _____