

Animal Environmental Control Request Form

Date: ___ / ___ / _____

Requestor: _____

Campus Phone: _____ Fax: _____

Effective: ___ / ___ / _____

Room Number: _____ Cubicle: _____

Animal Facility: *(select one)*

- Pediatrics
- Clinic B – Tunnel Level
- Peavine
- Rollins
- WBRB
- Clinic B – 3rd Floor
- WMRB
- Wesley Woods
- HSRB

I have reviewed the animal facility Environmental Control and Monitoring Program information located on the DAR website at http://www.dar.emory.edu/PI/environmental_control.php and the Indemnity Disclosure at http://www.dar.emory.edu/PI/indemnity_disclosure.php

PI Signature: _____

Humidity

Normal Setting: 50%

Alarm Range: Lower value: 20% Higher value: 60%

Accept current setting

Enter new setting _____ %

Room Temperature

Normal Setting: 72 F

Alarm Range: Lower value: 64 F Higher value: 80 F

Accept current setting

Enter new setting _____ ° F

Light Cycle

Normal Setting: On 7:00 am
Off 7:00 pm

Alarm Range: Before 7:00 am After 7:00 pm

Accept current settings

Enter new setting Lights On: _____ am / pm Light Off: _____ am / pm

No monitoring required

PI Signature: _____

FAX TO: 404-727-3212 ATT: Facility Supervisor / Office

Facility Use Only:

Room light timer set and checked (if applicable)

Supervisor Signature: _____ Date: ___ / ___ / _____

Office Use Only:

Excel Spreadsheet Updated _____ Initials

Humidity Set

Temperature Set

Light Cycle Set

Signature: _____ Date: ___ / ___ / _____