



ENV SERVICES, INC.  
4758 RESEARCH DRIVE  
SAN ANTONIO, TX 78240  
800-690-3368 / 210-690-3646 FAX

## SERVICE WORK ORDER

WORK ORDER NO:315-229163

CUST PO#: TRANSACTION COMPLETE 07/15/

FRI - 31 JUL @ MORNING

AARON 116

Bill To: WA0151

Service Location: WA0151-001

WASHINGTON STATE UNIVERSITY  
P.O. BOX 641025  
email all invoices to the pers  
PULLMAN, WA 99164-1025  
ACCOUNTS PAYABLE

WSU - DEPT OF PLANT PATHOLOGY  
316 JOHNSON AVE  
VOGEL (PBS1)  
PULLMAN, WA, 99163 701-303-0630  
SUDHA G C UPADHAYA  
SUDHA.GCUPADHAYA@WSU.EDU

SERVICE SCHEDULE DATE: 31-Jul-20

SCHEDULE ADMIN: 315 TECH: 116

WO OPEN DATE: 15-Jul-2020

WORKGROUP:

### CUSTOMER NOTES / INSTRUCTIONS:

17JUL2020 - FOR ALL REPAIRS PERFORMED AT PULLMAN CAMPUS, SHIP PARTS TO THE FOLLOWING ADDRESS. - LC  
WSU-CENTRAL RECEIVING  
100 DAIRY RD PMB 7520  
ATTN: POC NAME & PHONE NUMBER  
(INCLUDE BLDG & RM IF ABLE)  
PULLMAN, WA 99164

SERVICE REQUESTED: CERTIFICATION

BILLING TYPE:

### DETAIL OF SERVICES

Item #	Asset #	Description of Services	Location
1	597199	ONSITE CERTIFICATION NUAIRE / 425-600 - BIOLOGICAL SAFETY CABINET - S/N 93984191394  **SERIAL NUMBER IS ACTUALLY 93984101304**	VOGEL RM 107A
2	597200	ONSITE CERTIFICATION NUAIRE / 301-530 - LAMINAR AIR FLOW WORK STATION - S/N 63635	VOGEL RM 117A

CUSTOMER SIGNATURE REQUIRED

CUSTOMER SIGNATURE :

TECH SIGNATURE:

DATE :

DATE :



## BIOLOGICAL SAFETY CABINET TEST REPORT

<b>Customer</b>	WSU	<b>ENV Services Technician</b>	Aaron Pritchard
<b>Address</b>	Vogel Hall	<b>Test Date</b>	07/30/2020
	Pullman, WA 99164	<b>Test Frequency</b>	Certification - Annual
<b>Contact</b>	Sudha G C Upadhaya	<b>Equipment Manufacturer</b>	Nuaire
<b>Telephone</b>	701/303-0630	<b>Model</b>	425-600
<b>Extension</b>		<b>Serial Number</b>	93984101304
		<b>Type</b>	Class II, Type A2 BSC
		<b>Location</b>	Vogel Rm 107

Testing and Certification: The purpose of field testing this equipment is to assess whether it is functioning as designed in compliance with the specifications, outlined in the appropriate version of NSF/ANSI-49. We perform all test procedures in accordance with these standards and specifications as detailed in ENV Services Procedures, applicable copies of which are available on request. Our testing and certification apply only to the equipment above, and do not signify approval of the use of any hazardous agents or operational procedures.

### SERVICE SUMMARY

PASS FAIL N/A

#### OVERALL CERTIFICATION

☒ ☐ ☐

Field Certified in accordance with NSF/ANSI 49

#### Containment tests performed:

HEPA Filter Leak Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airflow Smoke Patterns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Downflow Velocity Profile Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflow Velocity Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site Installation Assessment Tests	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### Worker comfort and safety tests performed:

Corrected noise level meets NSF criteria for Class II BSCs.  
Light intensity meets NSF criteria for Class II BSCs.  
Electrical results: 118 VAC Polarity was correct  
0.000 ohms

#### Repairs performed:

<input checked="" type="checkbox"/>	None
<input type="checkbox"/>	Filter Leaks Repaired
<input type="checkbox"/>	Structural Repairs Made
<input type="checkbox"/>	Filters Replaced
<input type="checkbox"/>	Airflow Adjusted
<input type="checkbox"/>	Pressure Gauge Adjusted
<input type="checkbox"/>	Warning Alarm System
<input type="checkbox"/>	Electrical System Repaired
<input type="checkbox"/>	Other: _____

### EQUIPMENT UTILIZATION SURVEY

Use Research

Biological Agent Used

Biosafety Classification Level 2

Tissue/Cell Cultures HUMAN:ANIMAL:

Chemicals Non-Carcinogens

Isotopes NO

Surface Decontamination Performed Yes Using 70% EtOH

Formaldehyde Gas Decontamination Performed No

Decontamination Report # N/A

### COMMENTS AND RECOMMENDATIONS

### SITE INSTALLATION

Exhaust Alarm or Interlock Functional

N/A

Sash Alarm Function

PASS

Cabinet Exhaust

Vented to Room

Exhaust Connection Pressurization N/A

Customer: \_\_\_\_\_

Signature

Please print name

Service

Technician: \_\_\_\_\_

Signature

Date



# BIOLOGICAL SAFETY CABINET TEST REPORT

Test Report Number  
WA0151:200730:093540

For: WSU  
Model: 425-600  
S/N: 93984101304

(800)345-6094

## HEPA FILTER LEAK TEST

Supply Filter Quantity/Size: (1) 21x68x6 Hepex  
Leaks Detected Media: 0 Gasket: 0 Structural: 0  
Leakage Repaired with N/A  
Approximate Filter Obstruction Caused by Repairs 0.0 %

Exhaust Filter Quantity/Size: (1) 24x30x12 Midpack  
Leaks Detected Media: 0 Gasket: 0 Structural: 0  
Aerosol Challenge Concentration: >= 10 MicroGms/Liter PAO  
Filter Scanning Rate: 2 inches per second

Overall Test Result: PASS

## AIRFLOW SMOKE PATTERNS

Smooth downward flow with no dead spots or reflux PASS  
No Smoke escapes from the cabinet PASS  
No outside smoke billows over the work surface PASS

No outside smoke penetrates onto the work surface PASS  
No upward refluxing toward the sash wiper seal PASS  
No escape of smoke through the sash wiper seal PASS  
No external turbulence at front access opening PASS

Cause of external turbulence, if any \_\_\_\_\_

Overall Test Result: PASS

## SECONDARY TESTS AND TEST EQUIPMENT

				Criteria	
NOISE	Total	67dbA Ambient	54dbA Corrected	67dbA <= 70 dbA Corrected	Meets
LIGHTING	Average	86FC Background	9FC	Avg. 45 FC > Bkgd, Bkgd <= 15 FC	Meets
ELECTRICAL	Line Voltage	118 VAC		N/A	N/A
	Ground Resistance	0.000 ohms		<= 0.15 ohms or meter min. sensitivity	Meets
	Polarity	PASS		Must be correct	Meets
	Ground Fault Interrupter	N/A		Trips when tested	N/A
UV LIGHT	At the work level	Microwatts/square centimeter		None	N/A
Velometer Model: 9535 S/N: 101930 Cal. Date: 03/30/2020 Photometer: PH-5 S/N: 102510 Cal. Date: 02/25/2020					

## DOWNFLOW VELOCITY PROFILE TEST AND INFLOW VELOCITY TEST

				Inflow Method RA		
	Avg. Vel.	Specification	Uniformity	Area	Volume	Pressure/Flow Gauge Reading
Inflow	107 fpm	100 - 110	N/A	4.89 ft <sup>2</sup>	521 cfm	0.55
RA Average	345 fpm			RA Corr. Factor	1.5100	Gauge Zeroed YES
Downflow	75 fpm	65 - 75 fpm	15%			Fan Speed Adjustment Made No Change
						Final Fan Speed 50%
				Dens. Corr.	1.087	Specification Used U599R

All downflow readings must be within the greater of 25% or 16 fpm of the average.

Overall Downflow Velocity Profile Test Result: PASS

Overall Inflow Velocity Test Result: PASS

## AIR VELOCITY PROFILES:

NOTE: Inflow was determined using the Restricted Access method, the "Exhaust" measurements are actually restricted access velocity measurements..

Downflow Grid:

79	76	72	69	65	66	66	64	65	64	65
73	77	76	74	73	72	71	68	69	67	66
65	69	70	71	70	65	64	65	62	63	62

Exhaust Grid:

331	325	320	315	317	312	316	315	317	316	313	319	313	313	306	334
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dba ENV Services Testing & Certification, Inc.  
4758 Research Drive  
San Antonio, TX 78240  
(800)345-6094

Test Report Number  
WA0151:200730:100204

## LAMINAR FLOW TEST REPORT

<b>Customer</b>	0	<b>ENV Services Technician</b>	Aaron Pritchard
<b>Address</b>	Vogel Bldg	<b>Test Date</b>	07/30/2020
	Pullman, WA 99164	<b>Test Frequency</b>	Certification - Annual
<b>Contact</b>	David Wheeler	<b>Equipment Manufacturer</b>	Nuaire
<b>Telephone</b>	215/880-3024	<b>Model</b>	301-530
<b>Extension</b>		<b>Serial Number</b>	63635
		<b>Type</b>	Clean Bench
		<b>Location</b>	Vogel Rm 117

Testing and Certification: The purpose of field testing this equipment is to assess whether it is functioning as designed in compliance with manufacturer specifications, Federal Std. 209B, IES-RP-CC-002, or other specifications which may apply. We perform all test procedures in accordance with these standards and specifications as detailed in ENV Services Protocols, applicable copies of which are available upon request. Our testing and certification apply only to the equipment identified above, and do not signify approval of the use of any hazardous agents or operational procedures.

### SERVICE SUMMARY

	PASS	FAIL	N/A
<b>OVERALL CERTIFICATION</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Per manufacturer's velocity specifications			

#### Containment tests performed:

HEPA Filter Leak Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airflow Smoke Patterns	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airflow Velocity Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Work environment tests performed:

Corrected noise level meets RP-2 criteria  
Light intensity does not meet RP-2 criteria  
Electrical results: 123 VAC Polarity was correct  
0.000 ohms GFI is functional

#### Repairs performed:

<input checked="" type="checkbox"/>	None
<input type="checkbox"/>	Filter Leaks Repaired
<input type="checkbox"/>	Structural Repairs Made
<input type="checkbox"/>	Filters Replaced
<input type="checkbox"/>	Airflow Adjusted
<input type="checkbox"/>	Pressure Gauge Adjusted
<input type="checkbox"/>	Electrical System Repaired
<input type="checkbox"/>	Other:

### COMMENTS AND RECOMMENDATIONS

### PREFILTERS AND MISCELLANEOUS

<b>Prefilters Quantity &amp; Size</b>	(1) 24X30X1	<b>Condition of Unit Plenum</b>	ok
<b>Type of Prefilters</b>	Wh	<b>Condition of Electrical and Mechanical Components</b>	ok
<b>Condition of Prefilters</b>	ok		

Customer: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name

Service Technician:   
Signature Date



## LAMINAR FLOW TEST REPORT

Test Report Number  
WA0151:200730:100204

For: 0  
Model: 301-530  
S/N: 63635

(800)345-6094

### HEPA FILTER LEAK TEST

Supply Filter Quantity/Size: (1) 30X60X6 Hepex  
Leaks Detected Media: 0 Gasket: 0 Structural: 0  
Leakage Repaired with N/A  
Approximate Filter Obstruction Caused by Repairs 0 %  
Aerosol Challenge Concentration: >= 10 MicroGms/Liter PAO  
Filter Scanning Rate: 2 inches per second

L



R

O = leakage  
X = repair

LEAK MAP

Overall Test Result: PASS

### AIRFLOW SMOKE PATTERNS

No Induction at Air Exit Opening: PASS No External Turbulence at Front Access Opening: PASS  
Uniform Air Flow Pattern: PASS Cause of external turbulence, if any  
No Refluxing or Backstreaming: PASS  
No Intrusion via Construction Seams into Enclosure: PASS

Overall Test Result: PASS

### SECONDARY TESTS AND TEST EQUIPMENT

#### Test Results

#### Criteria

NOISE Total	66dbA Ambient	59dbA Corrected	65dbA	<= 67 dbA Corrected	Meets
LIGHTING Average	13 FC	Minimum	10 FC	Avg. >= 75 FC, minimum >= 70% of Avg.	
ELECTRICAL Line Voltage	123 VAC			N/A	N/A
Ground Resistance	0.000 ohms			N/A	N/A
Polarity	PASS			Must be correct	Meets
Ground Fault Interrupter	PASS			Trips when tested	Meets

Velometer Model: 9535 S/N: 101930 Cal. Date: 03/30/2020 Photometer: PH-5 S/N: 102510 Cal. Date: 02/25/2020

### AIRFLOW VELOCITY TEST

Avg. Vel.	Specification	Uniformity	Area	Volume	Pressure/Flow Gauge Reading	0.65	Gauge Zeroed	YES
100 fpm	80 - 100 fpm	9%	11.58 ft <sup>2</sup>	1,157 cfm				
Specification Used	S1469				Fan Speed Adjustment Made	No	Fan Speed	50%
					Dens. Corr.	1.087		2350 elevation

Overall Test Result: PASS

### AIR VELOCITY PROFILES:

Supply Grid:

99	98	97	99	97	98
91	93	95	101	102	103
105	98	103	105	106	108