**RECOVERY RODENT CABINET**

**TYPE OF CABINET Company name**

Read and Understood SOP (TEMP AND TIME IN/OUT OF CABINET)

See experimental room sign out sheet return

Set up cages for recovery liner/water sachet/bottle/bowl

Loading animals for recovery

Returning animals to home cage

Returning animals to holding room

Recovery sheet

Fault reporting

(see attached service/fault record)

Trainee’s name …………………………………………

Supervisors Name ………………………………………

Supervisors signature…………………………………… Date ………………………….