**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 ………………………….