**LIGHT / DARK CABINET**

**TYPE OF CABINET (COMPANY DETAIL)**

Read and Understood SOP

Set up for light use only

Set up for dark adaption use only

Set up for reversed light cycle only

Cleaning filters

Single species use

Fault reporting (see attached service/fault record)

Trainee’s name …………………………………………

Supervisors Name ………………………………………

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