**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 ………………………….