

Information for CECS (Controlled Environment Certification Services)

UMass Amherst Contact Person: _____

(PI, Lab Manager, Department Manager, etc.)

Contact Info for person above: Email _____

Phone (Cell preferred): _____

Where equipment is located:

Building: _____

Street Address (for building): _____

City: _____ State: ____ ZIP Code: _____

(If more than one building, submit a form for each address)

Serial Number	Manufacturer	Model Number	Room Number

Service requested: (Check all that apply)

- Certification (annual certification, needs certification after unit was moved, needs certification after repairs)
- Troubleshooting
- Repairs
- Gas decontamination
- Other _____

Please provide additional information regarding your selection above:

Save and submit this form via cecs_info@steris.com and CECS will return a quote for the proposed work. Please copy jladuc@umass.edu on this email.