

Application for the homologation of a type of microbiological safety cabinet

In terms of the Compulsory Specification for biological safety cabinets (Classes I, II and III) as published by Government Notice No. R. 93 (Government Gazette No. 22014) of 2 February 2001.

NRCS use only

Technical file No.:

Date of issue:

NOTE: This form shall be completed in full for each type of microbiological safety cabinet submitted for homologation.

Part A: Applicant's details		
Applicant's name:		
Applicant's company registration No.:		
Contact person:	Position in company:	
Tel.:	Fax:	E-mail:
Part B: Importer's details		
Importer's name:		
SARS Importers Code:		
Postal address:		
Physical address:		
Part C: Manufacturer's details		
Manufacturer's name:		
Postal address:		
Physical address:		
Part D: Type-identifying information		
Manufacturer's name:		
Brand name:		
Designation: Microbiological safety cabinet class		
Part E: Management declaration		
I hereby certify for and on behalf of the applicant that the information as contained in this application and accompanying product technical file is complete and correct in all respects, and is representative of the type of microbiological safety cabinet submitted for homologation.		
Signature:	Name:	
Position in company:	Date:	

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