Name:

Date:

Period:

Lab Partner:

Lab Station #:

**Lab Station Inventory**

1. Make certain you have each of the items listed below.  If an item is missing or in poor condition notify your teacher.
2. Clean any item that is not spotless.
3. Next to each item, describe the function of the piece of equipment.

|  |
| --- |
| **Station Tabletop** (Shared between groups)Sharps container:Biohazard trashcan w/trash bag: Vortexter:Tabletop Centrifuge:Paper towel dispenser:  |
| Pipette Tips: (list sizes) | Pipettes: (list sizes)  | Cleaning supplies:Reagent bottles: |
| Ruler:Scissors:Fine-tip Sharpies:Sharpies:Map pencils: | Electrophoresis box:Tray:Combs: |
| Electronic balance w/cord:Small weighing boats:Large weighing boats:Disposable spatula:  | Inoculating loops:Kim wipes: |
| **Equipment** | **Location** | **Function** |
| Autoclave |  |  |
| Fire blanket |  |  |
| Ultrasonic cleaner |  |  |
| Eyewash |  |  |
| Emergency Shower |  |  |
| Centrifuge |  |  |
| Spectrometers |  |  |
| Water bath  |  |  |
| Rocking table |  |  |
| Floor shaker |  |  |
| Magnetic shaking incubator |  |  |
| Biorad PCR machine |  |  |
| Refrigerator |  |  |
| Freezer |  |  |
| Ice machine |  |  |
| Label tape |  |  |
| Incubator |  |  |