



Principal Investigator:

Laboratory (building/room):

Estimated date of purchase:

Estimated date of delivery:

Equipment type:

Manufacturer:

Make/Model:

***Please submit spec sheet or other information for product with this checklist**

Is this equipment a replacement or a new item? New Replacement

By checking this box, I certify that this purchase does not meet any of the specifications below and therefore does not require approval. PI must sign and submit below.

Information	Check if Required	Notes	Required Signature			
			Design & Construction	Facilities Ops	EHS	IT
List dimensions & weight	MUST BE INCLUDED					
Is space available for proper operation and clearance?	Yes		✓	✓	✓	
Provide electrical requirements			✓	✓		
Equipment requires installation of NEW electrical components Describe in Notes	Yes			✓		
ITS needs (internet, phone)	Yes	*Submit ITS Request Form				✓
NEW heating/cooling/ventilation requirements	Yes		✓	✓	✓	
NEW vacuum lines or connections required	Yes			✓	✓	
NEW gas line or connection	Yes			✓	✓	



NEW water supply or connections (specify which in notes)	Yes	Tap dI RO Other (describe)	✓	✓		
NEW drain or plumbing	Yes		✓	✓	✓	
Is a maintenance contract included? If no, who will be responsible for servicing equipment? Vendor Facilities Operations Other		Yes No Describe scope/terms:		✓	✓	
Will equipment or installation generate hazardous waste?	Yes				✓	
Will equipment involve use of radioactive materials?	Yes				✓	
Does installation require structural changes to space? Describe in Notes	Yes		✓	✓		
Have you submitted Facility Modification Request Form ?	Yes			✓		
Will equipment be delivered to lab or to Central Receiving?	Lab CR				✓	
Is delivery of this equipment to lab contingent upon removal of old equipment from laboratory	Yes				✓	
Describe the equipment to be removed (name, dimensions, weight, etc.)						



Have you submitted a surplus request form?	Yes					
	No					
	N/A					

Additional information or requests:

Principal Investigator Name/Signature:

Facilities Operations Representative Name/Signature:

Environmental Health & Safety Representative Name/Signature:

Design & Construction Representative Name/Signature:

ITS Representative Name/Signature:

Surplus Supervisor Name/Signature: