

Equipment Approval Form

Today's Date:

Requestor's Name:

Department:

Equipment Name and Model Number:

Proposed Vendor:

Proposed location of equipment:

Room Number:

What is the weight of the equipment: (lbs.) (oz.)

What are the electrical voltage requirements?

Will the room require any structural modifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any part of the installation require affixing all or part of equipment to existing walls or floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this item replacing an existing piece of equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do outlets need to be updated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the equipment come with a warranty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is a new or dedicated electrical circuit required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the equipment require water (chilled or plumbed)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the vendor provide shipping directly to the room?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the vendor provide labor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, will this require a third-party vendor to install?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have proposed mechanical specification for the equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the equipment require STS services? If yes, complete the following questions:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the equipment have a computer or electronic component?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the equipment or connecting computer require Voice/Data connection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: Please provide mechanical/technical specifications for the equipment and any other installation information.

Submit form and specifications to Merina Dhakal @ mdhakal@spelman.edu, ext. 5709 or Jonny' Rudolph @ jrudolph@spelman.edu, ext. 5788

Requester's Signature: _____ Date: _____

FMS Approval Signature: _____ Date: _____

STS Approval Signature: (if needed) _____ Date: _____

Environmental Health & Safety Officer Signature (EHS):

Date: _____

Associate Provost for Research Signature (EHS Proxy ONLY):

Date: _____

NOTE: For additional information and questions regarding equipment, please contact requester.

******PLEASE MERGE PDF. DOCUMENTS WHEN SUBMITTING TO THE OFFICE OF RESEARCH RESOURCES. PLEASE SEE STEPS BELOW******

1. Specifications must be saved as a .pdf attachment.
2. Click on "Create" and select "Combine Files into a Single .pdf".
3. You may select "Add Files" or Drag, drop files in the white space of the box, and click combine files.