



Equipment Pre-Purchase Form

Issued By:	Project Lead PI :	Date:
Client - Name:		
Client - Department:		
Equipment Location:		
Equipment Name:		
New or Repurposed Equipment:		
Required Date:		
Permanent or Temporary:		
Other Information:		
Equipment Value:		
Brief Description and Function:		

Equipment data sheet intention is to describe size, functional relationships and adjacencies.

Physical

Any dimensions greater than 3 feet? Y N If yes, provide dimensions (LxWxH) : _____

Does it weigh more than 70 pounds? Y N If yes, provide weight: _____

Does it have heavy moving parts? Y N

Where will it be placed; floor, bench, wall, other? _____

Does it make noise or vibration? Y N

Is it fixed or movable? _____

Environmental Considerations Y N *(If no, proceed to next section)*
(Check box if applicable)

Sensitive to:	Creates:	Special Considerations
<input type="checkbox"/> Noise or vibration?	<input type="checkbox"/> UV or light?	
<input type="checkbox"/> UV or light?	<input type="checkbox"/> Radiation?	
	<input type="checkbox"/> Laser?	
	<input type="checkbox"/> Noise or vibration	
	<input type="checkbox"/> Magnetic field?	

HVAC Considerations: Y N *(If no, proceed to next section)*
(Check box if applicable)

Temperature	Humidity Concerns	Cooling Requirements	Exhaust Requirements	Special Requirements
<input type="checkbox"/> Standard (23°C)	<input type="checkbox"/> Ambient	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<input type="checkbox"/> Special:	<input type="checkbox"/> Special	<input type="checkbox"/> No	<input type="checkbox"/> No	

Plumbing Y N *(If no, proceed to next section)*
(Check box if applicable)

Water	Drainage Required
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No
If yes, describe: _____	If yes, describe: _____

Gases Y N *(If no, proceed to next section)*
(Check box if applicable)

In-House Gases	Cylinder Gases
<input type="checkbox"/> Vacuum	<input type="checkbox"/> Compressed
<input type="checkbox"/> Natural gas	<input type="checkbox"/> Flammable
<input type="checkbox"/> Air	<input type="checkbox"/> Toxic
	<input type="checkbox"/> Other: _____

Electrical Y N *(If no, proceed to next section)*
(Check box if applicable)

Voltage	Load	Electrical Certification
<input type="checkbox"/> 120V	<input type="checkbox"/> Amps _____	<input type="checkbox"/> CSA
<input type="checkbox"/> 208V		<input type="checkbox"/> UL
<input type="checkbox"/> Phase: _____		<input type="checkbox"/> BC Safety Authority http://www.safetyauthority.ca/alert/approved-certification-marks-electrical-products-0
		<input type="checkbox"/> Other: _____

IT Equipment or Services Y N *(If no, proceed to next section)*
(Check box if applicable)

Research Related

Network connection:

- Hard wired
- Wireless