

**CAPITAL EQUIPMENT PURCHASES
SUPPLEMENTARY INFORMATION**

This form is to be completed prior to issuing a purchase order for all capital equipment purchases costing in excess of \$5,000. Authorization from Technical Services and Facilities Management will be required.

To: Finance and Administrative Services Date: _____
From: Name of Contact: _____ Department: _____
Email: _____ Telephone: _____

SECTION A – FINANCIAL & ADMINISTRATIVE SERVICES

1. Description of Equipment: _____
2. Equipment Location: Building _____ Room _____
3. Manufacturer: _____ Model #: _____ Total Cost \$: _____
4. Alternate Suppliers:
 - a. _____ Quoted Cost: \$ _____
 - b. _____ Quoted Cost: \$ _____
5. Purchased by Public Tender? Yes _____ No _____ Tender #: _____

SECTION B – TECHNICAL SERVICES

This section addresses installation, warranty and maintenance and must be approved by Technical Services.

6. Is the equipment of a class or kind suitable for use in Canada Yes: _____ No: _____
7. Regulatory Approvals
CSA _____ CRN # _____ Bio Hazard _____ Radiation Hazard _____
8. Installation:
By Manufactures/Supplier _____ Technical Services _____ Other _____
9. Warranty Service
By Manufacturer/Supplier _____ Other _____ Period _____
10. Out of Warranty Service
Service Contract _____ Technical Services _____
11. Will Specifications / Service Manuals / Schematics be available _____
12. Will service training be available _____

Date Approved: _____ Technical Services: _____

SECTION C – FACILITIES MANAGEMENT

Section C addresses physical size, weight, mechanical, electrical and utility requirements and must be approved by Facilities Management.

13. Dimensions:
Shipping Container _____
Equipment size _____ Gross weight: _____
14. Electrical Requirements:
Voltage: _____ Cycle _____ Phase _____ Max amps or HP: _____
15. Utility Requirements:
Water supply: Cold _____ Hot _____ Chilled _____ Quantity GPM _____
Drainage _____ Size _____
Compressed Air _____ Quantity _____ Pressure _____
Gas _____ Quantity _____ Pressure _____
Steam _____ Quantity _____ Pressure _____
Ventilation _____ CFM/Size _____
Cooling A/C _____ BTU _____ Max operating temp. _____

Date Approved: _____ Facilities Management _____