

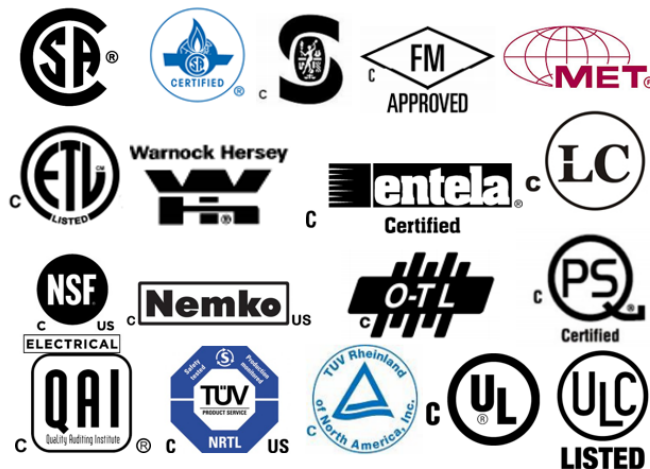
Checklist for Equipment Purchase

Use the below checklist to determine if an equipment, tool, instrument or appliance (collectively referred to as “equipment”) purchase requires review by Facilities Management. If any of the below boxes are checked then the equipment information should be reviewed by Facilities Management by forwarding the completed checklist and the equipment details (specification, shop drawings, manuals etc.) to facman@mun.ca.

The review by Facilities Management is to ensure regulatory requirements related to the equipment purchase are reviewed before the equipment is purchased. This does not include a review of the installation requirements/costs or suitability of the intended location as an SMA would have to be submitted to Facilities Management for this information.

Electrical

- Any equipment used on a Memorial University campus that connects with the electrical system must carry a certification/listing by a recognized agency. Tick the box to the left if any elements/components of the equipment to be purchased and connected to the university electrical system do not carry certification/listing by one of the following.



- Is the equipment voltage other than 110V-120V / 60HZ or 208V-220V / 60HZ?
- Does the equipment have a power required of more than 750 W?
- Is the equipment to be hard-wired (directly/permanently connected – i.e. no plug) to the university electrical system?
- Does the equipment need to be connected to Emergency power?

Mechanical

- Will the equipment be connected to Compressed Air?
- Will the equipment be connected to any type of Gas?
- Does the equipment generate or require Steam?
- Does the equipment compress any liquids, refrigerants or gases?
- Does the equipment vent any type of gas or products of combustion?

Physical Attributes

- Equipment larger than a standard 32" (81 cm) wide by 78" (198 cm) high doorway?
- Equipment weighs more than 300 lbs (136 Kg)?

Other

- This checklist is not all inclusive but is intended to cover most instances with no guarantees that all equipment purchases will be addressed. If any of the above details/requirements are unclear or the proposed equipment is custom/non-standard, please tick this box and forward to FM for review.

Department Review

Name: _____ Signature: _____ Date: _____

(FM review not required if no boxes are checked)

Facilities Management Review

Name: _____ Signature: _____ Date: _____