

## **Facilities Form – for Purchases of Equipment**

This form is required to ensure that individuals planning to purchase, install or relocate equipment within UConn facilities have the necessary space allocation, utilities, and control of any hazards. Sometimes, equipment purchases or relocations are made by individuals who are later unpleasantly surprised that facility limitations or introduced hazards result in: unexpected cost overruns, project delays, unsafe conditions or the inability to use the equipment.

Requestor Name: \_\_\_\_\_ Equipment Item: \_\_\_\_\_

Date: \_\_\_\_\_

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### **Required Attachment: Instrument/Equipment Specifications and/or Cut-Sheets**

On request your supplier/company should supply you with a detailed list of equipment footprint, site and facilities requirements. These details must be provided along with this Equipment Form for review by UConn Facilities prior to their approval, and a PO cannot be issued until that approval is in place.

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#### **Equipment Type (select one):**

- Chromatography: GC, GC/MS, GC with ECSD, LC, LC/MS, etc.
- Compressed Gas Manifold Delivery Systems
- Cranes and Hoists
- High Strength Magnetic Field Equipment: fMRI, CT, etc.
- High & Low Temperature Ovens/Autoclaves/Kilns, Spark Plasma Sintering Furnaces/-80C Freezers, etc.
- Laser/Laser System
- Microstructural
- Characterization: Electron Microscopes (SEM, TEM, etc.)
- Nanoparticle Producing Equipment: Ceramic, Glass, Metal
- Spectroscopy/ (ICP) Spectroscopy Equipment: UV-Vis Raman, FTIR, NMR, Inductively Coupled Plasma, etc.
- Thin Film Disposition Equipment: MOCVD, RSDT, etc.
- Ventilation/Filtration Units: Fume Hoods, Spray Booths, Dust-Collection Systems, etc.
- Clean Air Devices (Biosafety Cabinets, Laminar Flow Hoods)
- Ductless Fume Hoods
- Dining Services Equipment (Ranges, Freezers, Hoods, etc.)

#### **Radiation Producing Equipment (select one):**

- X-ray Diffraction
- X-ray Spectrometer
- X-ray Fluorescent
- X-ray Irradiator
- Particle Accelerator

#### **3D Printers/Engravers/Cutters (select one):**

- Selective Laser Sintering (SLS)
- Directed Energy Deposition (DED)
- Binder Jetting
- Material Jetting
- Powder Bed Fusion
- Engraver
- Laser Cutter
- Laser Engraver

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If none of the above, please describe the equipment you wish to purchase:

Space: Do you have a specific location for this equipment?

- Building: \_\_\_\_\_
- Room #: \_\_\_\_\_

Utilities: Briefly describe any special plumbing, electrical, heating, cooling, or ventilation requirements.

Health Hazard: Does it generate noise, dust, nanomaterials, biological, radiation, toxic, or any other health hazards?

Physical Hazard: Are there any high voltage, high energy, high pressure/vacuum, thermal/cryogenic, mechanical, corrosive, flammable, or any other physical hazards?

Additional Comments: