

Attachment #F: Facilities Checklist

# Facilities Checklist

Attach manufacturers' data sheets, site planning guide and Q&M manuals if available

<p><b>A Type of Expenditure</b></p> <p><input type="checkbox"/> Equipment</p> <p><input type="checkbox"/> Facility Renovation/Modification</p> <p><input type="checkbox"/> Internal Relocation</p> <p><input type="checkbox"/> Other (list):</p> <p>Is any equipment being replaced by this acquisition? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate disposition of replaced items:</p>	<p><b>Description of Equipment</b></p> <p>Name:</p> <p>Manufacturer:</p> <p>Model No.:</p> <p>UL Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>B Description of Renovation, Modification, or Relocation</b></p>	<p>Anticipated Completion Date: / /</p>
<p><b>C Proposed Location</b></p> <p>1. Department: _____</p> <p>Building: _____, Floor: _____ &amp; Room: _____</p> <p>2. Is any Facilities preparation or installation work necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete applicable sections below)</p>	
<p><b>D Electrical</b></p> <p>1. Type of Connection: <input type="checkbox"/> Cord/cap: _____ or <input type="checkbox"/> Hard wired (specify NEMA No. if known)</p> <p>2. Specifications:</p> <p>2a. Nominal voltage: _____ volts</p> <p>current: _____ amps</p> <p>2c. No. of Phases: _____ (1 or 3)</p> <p>Frequency: _____ Hertz</p> <p>2b. Full load</p> <p>2d.</p> <p>3. Specify any special conditioning required:</p>	
<p><b>E Required Environment</b></p> <p>1. Cleanliness class: _____</p> <p>2. Biosafety Level: _____</p> <p>3. Operating ranges: Temperature: _____ °F / °C ± _____ °F / °C and Humidity: _____ % ± _____ %</p> <p>4. Specify any special environmental consideration:</p>	
<p><b>F Compressed Air</b> <input type="checkbox"/> N/A</p> <p>1. Rate: _____ SCFM</p> <p>2. Pressure: _____ ± _____ PSIG</p> <p>3. Type connection: <input type="checkbox"/> Quick disconnect <input type="checkbox"/> Solid piped</p>	
<p><b>G Water Supply</b> <input type="checkbox"/> N/A</p> <p>1. Domestic cold water: _____ GPM</p> <p>2. Domestic hot water: _____ GPM</p> <p>3. RO: _____ GPM</p> <p>4. Cooling water: _____ GPM and Temperature Range: _____ °F / °C ± _____ °F / °C</p>	
<p><b>H Drainage</b> <input type="checkbox"/> N/A</p> <p>1. <input type="checkbox"/> Sanitary sewage - Estimated daily discharge: _____ GPD</p> <p>2. <input type="checkbox"/> Floor drains - Estimated daily discharge: _____ GPD</p>	
<p><b>I Ventilation</b> <input type="checkbox"/> N/A</p> <p>1. Face velocity: _____</p> <p>2. Total Volume: _____ CFM</p> <p>3. If unknown, indicate equipment or procedure, including type and quantities of vapors:</p>	
<p><b>J Steam</b> <input type="checkbox"/> N/A</p> <p>1. Boiler Steam: _____ lbs./hr. @ _____ PSIG</p>	



