	<b>NEW/RELOCATED LABORATORY EQUIPMENT DATA SHEET</b>				
	Document No.:				Page 1 of 6
Revisions	Number	0	1	2	Work Order Number
	Date				Project Name
	By				Department & Group
	Checked				Location (Building and Room Number)
	Approved				Equipment Tag Number
	Issue				Equipment Name

EQUIPMENT DATA				
<b>Equipment Type</b>				
<b>Manufacturer</b>				
<b>Model Number</b>				
<b>Serial Number</b>				
<b>Equipment Overall Dimensions (Indicate in SAE units)</b>	Length	Width	Height	Weight

EQUIPMENT ENVIRONMENTAL REQUIREMENTS DATA					
<b>Does the Equipment Have a Space Sensible Temperature Requirement</b>	Yes	No	Sensible Temperature ( °F)	Drift Rate (Upper Range) ( °F)	Drift Rate (Lower Range) ( °F)
<b>Does the Equipment Have a Space Dew Point Temperature Requirement (For Relative Humidity Control)</b>	Yes	No	Dew Point Temperature	Drift Rate (Upper Range) ( °F)	Drift Rate (Lower Range) ( °F)
<b>Does the Equipment Have a Space Humidity Requirement</b>	Yes	No	Relative Humidity (%RH)		
<b>Does the Equipment Have a Space Lighting Intensity (Luminosity) Requirement</b>	Yes	No	Luminaires		
<b>Does the Equipment Have a Space Lighting Color Requirement</b>	Yes	No	Light Color		
<b>Does the Equipment Have A Space Ambient Noise Requirement</b>	Yes	No	Power/Pressure (dbA)	Frequency (Hertz)	
<b>Is Active Noise Cancelation Required</b>	Yes	No	What Type of Noise Cancelation:		
<b>Does the Equipment Have A Space Vibration Isolation Requirement</b>	Yes	No			
<b>Does the Equipment Need to be Protected from Magnetic Fields</b>	Yes	No	What Type of Shielding:		



**NEW/RELOCATED LABORATORY EQUIPMENT DATA SHEET**

Document No.:

Page 2 of 6


Revisions	Number	0	1	2	Work Order Number	
	Date				Project Name	
	By				Department & Group	
	Checked				Location (Building and Room Number)	
	Approved				Equipment Tag Number	
	Issue				Equipment Name	

**EQUIPMENT AFFECTS ON SURROUNDING SPACE & BUILDING**

	Yes	No	Power/Pressure (dbA)	Frequency (Hertz)
<b>Will Equipment Generate Noise That will be Radiated into the Space or Building</b>				
<b>Will Equipment Generate a Vibration That Could be Transferred into the Space or Building</b>	Yes	No	What is the Frequency (Hertz)	
<b>Will Equipment Generate Radiation that will Require Shielding</b>	Yes	No	What Type of Shielding:	
<b>Will Equipment Use Lasers or Bright Lights that will Require Shielding</b>	Yes	No	What Type of Shielding:	
<b>Will Equipment Generate a Magnetic Field that will Require Shielding</b>	Yes	No	What Type of Shielding:	
<b>Will Equipment Radiate or Reject Sensible Heat to Surrounding Space</b>	Yes	No	Sensible Heat Radiated or Rejected (BTU's)	
<b>Will Equipment Raise Humidity/Moisture Levels in the Surrounding Space</b>	Yes	No	Moisture Added (Grains of Water)	

**EQUIPMENT AIRFLOW REQUIREMENTS DATA**

	Yes	No	Airflow (CFM)	Air Pressure (in W.G.)	Duct Connection (inches)
<b>Does the Equipment Require Supply/Make Up Air</b>					
<b>Does the Equipment Require Primary Exhaust</b>	Yes	No	Airflow (CFM)	Air Pressure (in W.G.)	Duct Connection (inches)
<b>Does the Equipment Require Auxiliary Exhaust</b>	Yes	No	Airflow (CFM)	Air Pressure (in W.G.)	Duct Connection (inches)

	<b>NEW/RELOCATED LABORATORY EQUIPMENT DATA SHEET</b>				
	Document No.:				Page 3 of 6
Revisions	Number	0	1	2	Work Order Number
	Date				Project Name
	By				Department & Group
	Checked				Location (Building and Room Number)
	Approved				Equipment Tag Number
	Issue				Equipment Name

<b>Is the Exhaust Flow Corrosive</b>	Yes	No	Primary	Auxiliary	Gas in Exhaust Stream
<b>Is the Exhaust Flow Flammable</b>	Yes	No	Primary	Auxiliary	Gas in Exhaust Stream
<b>Is the Exhaust Flow Explosive</b>	Yes	No	Primary	Auxiliary	Gas in the Exhaust Stream

EQUIPMENT ELECTRICAL REQUIREMENTS DATA							
<b>UL Listing (By code all electrical equipment should be UL listed –Please Indicate that it is and provide UL Listing Number)</b>	UL Listing Number:						
<b>Does the Equipment have a motor that ½ HP or greater</b>	Yes	No	FLA	LRA	Resistance (Volts)	Phase	Frequency (Hertz)
					Volts		Hertz
<b>If the Equipment does not have a motor ½hp or greater does it require Primary Power</b>	Yes	No	Power (Amps)	Resistance (Volts)	Phase	Frequency (Hertz)	
<b>Does the Equipment Require Auxiliary Power</b>	Yes	No	Power (Amps)	Resistance (Volts)	Phase	Frequency (Hertz)	
<b>Is Primary Power Conditioning Required</b>	Yes	No	Quality of Power Required				
<b>Does the Equipment Require Primary Emergency Power</b>	Yes	No					
<b>Does the Equipment Require an UPS (Equipment Vendor shall Supply UPS)</b>	Yes	No	Type of UPS				
<b>Does the Equipment Require a Plug</b>	Yes	No	NEMA Rating of the Plug				
<b>Is the equipment hard wired</b>	Yes	No					
<b>Does the equipment require a disconnect switch</b>	Yes	No					
	Yes	No					



**NEW/RELOCATED LABORATORY EQUIPMENT DATA SHEET**

Document No.:

Page 4 of 6

Revisions	Number	0	1	2	Work Order Number	
	Date				Project Name	
	By				Department & Group	
	Checked				Location (Building and Room Number)	
	Approved				Equipment Tag Number	
	Issue				Equipment Name	


Does the Equipment Require a Variable Frequency Drive (Equipment Vendor shall Supply the VFD)			
Does the Equipment Change the Space NEC Electrical Hazardous Classification Rating	Yes	No	NFPA NEC Classification
			Class
			Division

**EQUIPMENT FIRE PROTECTION**

Does the Equipment Require Fire Protection	Yes	No	Flow Rate (GPM)	N/A	N/A	N/A
Does the Equipment Require Flame Detection	Yes	No	N/a	N/A	N/A	N/A

**EQUIPMENT GAS FLOW REQUIREMENTS DATA**

Does The Equipment Have Pneumatic Controls	Yes	No	Airflow (SCFM)	Air Pressure (PSI <sub>g</sub> )	Air Quality Grade	Connection Size (inches)
Does the Equipment Require Process Compressed Air	Yes	No	Airflow (SCFM)	Air Pressure (PSI <sub>g</sub> )	Air Quality Grade	Connection Size (inches)
Does the Equipment Require Nitrogen	Yes	No	Flow (SCFM)	Pressure (PSI <sub>g</sub> )	Grade	Connection Size (inches)
Does the Equipment Require Natural Gas	Yes	No	Flow (SCFM)	Pressure (in Hg.)	N/A	Connection Size (inches)
Does the Equipment Require Vacuum	Yes	No	Flow (SCFM)	Pressure (in Hg)	N/A	Connection Size (inches)

	<b>NEW/RELOCATED LABORATORY EQUIPMENT DATA SHEET</b>				
	Document No.:				Page 5 of 6
Revisions	Number	0	1	2	Work Order Number
	Date				Project Name
	By				Department & Group
	Checked				Location (Building and Room Number)
	Approved				Equipment Tag Number
	Issue				Equipment Name

<b>Does the Equipment Require a Safety Relief Valve (Safety Relief Valve Provided by Equipment Vendor)</b>	Yes	No	Type of Gas:	Relief Pressure:
				PSI

EQUIPMENT PROCESS CHEMICAL REQUIREMENTS						
<b>Are There Process Gases Required</b>	Yes	No	Gas 1	Gas 2	Gas 3	Gas 4
<b>Are There Liquid Chemicals Required</b>	Yes	No	Liquid 1	Liquid 2	Liquid 3	Liquid 4
<b>Are There Solid Chemicals Required</b>	Yes	No	Solid 1	Solid 2	Solid 3	Solid 4

EQUIPMENT LABORATORY WATER FLOW REQUIREMENTS DATA						
<b>Does The Equipment Require Process Chilled/Cooling Water</b>	Yes	No	Flow Rate (GPM)	Pressure (PSIg)	Entering Water Temperature (°F)	Leaving Water Temperature (°F)
<b>Does The Equipment Require DI Water</b>	Yes	No	Flow Rate (GPM)	Pressure (PSIg)	Water Temperature (°F)	ASTM Grade
<b>Does The Equipment Require RO Water</b>	Yes	No	Flow Rate (GPM)	Pressure (PSIg)	Water Temperature (°F)	ASTM Grade
<b>Does The Equipment Require Ultra-Pure Water</b>	Yes	No	Flow Rate (GPM)	Pressure (PSIg)	Water Temperature (°F)	ASTM Grade



**NEW/RELOCATED LABORATORY EQUIPMENT DATA SHEET**

Document No.:

Page 6 of 6

Revisions	Number	0	1	2	Work Order Number	
	Date				Project Name	
	By				Department & Group	
	Checked				Location (Building and Room Number)	
	Approved				Equipment Tag Number	
	Issue				Equipment Name	

**EQUIPMENT WASTE WATER REQUIREMENTS**

<b>Does the Equipment Generate Waste Water</b>	Yes	No	Flow Rate (GPM)		Pressure (PSig)		Water Temperature (°F)	N/A
<b>Are there Corrosive Chemicals in the Waste Water Stream</b>	Yes	No	Primary		Auxiliary		Chemical	
			Yes	No	Yes	No		
<b>Are there Flammable Chemicals in the Waste Water Stream</b>	Yes	No	Primary		Auxiliary		Chemical	
			Yes	No	Yes	No		
<b>Are there Explosive Chemicals in the Waste Water Stream</b>	Yes	No	Primary		Auxiliary		Chemical	
			Yes	No	Yes	No		