



## Equipment Compatibility Assessment Form

Please complete the entire form, otherwise, it will be delayed. All costs related to equipment installation is the departments responsibility. Please consider this when purchasing equipment. Facilities may use an outside contractor of our choice to assist with installation at the departments expense. If an outside contractor is required Facilities will request a quote and submit it to the requester.

### Requester Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Department: \_\_\_\_\_

Dean/Director: \_\_\_\_\_

### Equipment Information

Description: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Type:          New          Replacement (Explain)- \_\_\_\_\_

Equipment Location:    Building- \_\_\_\_\_ Room Number- \_\_\_\_\_

Physical Dimensions:    Length- \_\_\_\_\_ Width- \_\_\_\_\_ Height- \_\_\_\_\_

Does the Equipment require Facilities assistance to Install?          Yes          No

Explain: \_\_\_\_\_

Does the Equipment require any of the following utilities?

Electricity:    Voltage- \_\_\_\_\_ Amps- \_\_\_\_\_ Watts- \_\_\_\_\_ Phase- \_\_\_\_\_

Water:          Hot          Cold          RO          DI

Air:    PSI- \_\_\_\_\_ Volume- \_\_\_\_\_

Drainage

Gas:    Type- \_\_\_\_\_

Other:    Explain- \_\_\_\_\_

Does the Equipment require mounting?          Wall          Ceiling          Other- \_\_\_\_\_