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| **This form is to be used for all equipment installations that are not directly linked to a project. If your equipment will support a project, use form CAES-047 CAES Project Proposal instead.** **Exceptions may apply to certain plug-and-play equipment. See the Research Lab Manager or CAES Safety Officer for assistance.** |
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| **Requestor** |
| **Requestor Name:**       | **Submittal Date:**       |
| **Phone:**       | **Email:**       |
| **Name and email address of equipment owner if different from Requestor:** |
| **Requestor Organization:**        |
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| **Schedule** |
| **Anticipated Installation Date:**       |  |

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| **Facility Requirements** |
| **Proposed CAES Location:** **Describe space requirements:****Bench top square footage:****Floor space square footage:**  |
| **Equipment and Utility Requirements** |
| **Equipment name and description (describe its function type of work it enables, and its unique capabilities):** |
| **Describe existing facility utilities you plan to use.**  |
| **Describe any additional capabilities you will need to locate in CAES. Consider equipment footprint, plumbing requirements, electrical requirements (e.g., voltage, amperage, is the equipment UL Listed, etc.), thermal management, exhaust/venting, required gas lines, heating/cooling, and/or isolation. Provide as much information about your equipment as possible, including equipment specification sheets, diagrams or drawings, or photos, and space plans. Attach additional information sheets in an appendix as needed.****Who is going to install this equipment and what is the estimated installation cost?****Who is the Instrument Lead for this instrument or piece of equipment?** **Who will have access to this equipment (project staff only, open use for trained users, etc.)?****Training****What training is required to use this equipment?****Who provides this training (Project PI, equipment manufacturer)?****How is proficiency determined?****Operating Procedures****Will the equipment require stand alone procedures for use by anyone in the lab?** Yes [ ]  No [ ] **If yes, who develops the operating procedures (Project PI, equipment manufacturer)?****Hazards****Describe all hazards, including area hazards, associated with operation of this equipment or location of this equipment in the proposed laboratory. Consider physical hazards including pressures, sharps, slips or trips, and ergonomic hazards, thermal hazards, electrical hazards, and chemical hazards.** **Equipment Maintenance and Repairs****Describe maintenance needs for the equipment.** **Will this equipment be on a service contract?** **Who funds periodic maintenance and/or repairs?****Planned duration of equipment use [ ]  Open Ended [ ]  Fixed Duration End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Additional comments:** |

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| **I acknowledge that I will work with the CAES RLM and CSO to complete an exit strategy for this equipment. Please sign here**       |

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| **Export Control** |
| **Project Title:** |
| **PI Name:** | **PI Home Institution:** |
| **This project has been evaluated for compliance with export control regulations and is not restricted for proprietary or national security reasons.** |
| **Print Name:** | **Signature:** |
| **Title:** | **Home Institution:** |
| **Date:** |  |
| **Responsibility for Export Compliance lies with each CAES member institution.** |

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| **CAES Decision** |
| **CAES Decision: [ ]  Accept** **[ ]  Decline**  |  |
| **[ ] [ ] Comments:**       |  |

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| **CAES Signatures** |
| **CAES Safety Officer** **(fits within CAES safety envelope):**   | **Date:** |
| **CAES Research Lab Manager****(research and facility needs):**  | **Date:** |

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| **Additional Signatures if Necessary** |
| **Lab Lead:** | **Date:** |
| **CAES Director:** | **Date:** |