



Request for Laboratory Freezer Purchase

Applicant Information

Department: _____ Date: _____

Name: _____
Last *First*

Job Title: _____

- | | | | | | | | |
|--------------------------|-------------|--------------------------|---------|--------------------------|-----------|--------------------------|-----------|
| <input type="checkbox"/> | Replacement | <input type="checkbox"/> | New Lab | <input type="checkbox"/> | Expansion | <input type="checkbox"/> | Temporary |
| <input type="checkbox"/> | -150 ° | <input type="checkbox"/> | -80° | <input type="checkbox"/> | -35° | <input type="checkbox"/> | 4° |

Make: _____ Voltage: 110 V 208 V (preferred)

Model: _____ Department: _____

Energy Usage (kWh-day): _____ Capacity (ft³) _____

Energy Star Certified: Yes No Cost: _____
(only Energy Star will be approved)

Funding Source: _____ Proposed Location/Rm # _____

Justification – including plan to empty and clean out freezer(s) being replaced:

Approval Signatures

Approved: _____ Comment: _____

Principle Investigator *Date*

EHSO Supervisor *Date*

Department Head *Date*

Facilities Director *Date*