FACILITIES SERVICES EQUIPMENT REVIEW

Washington State University
Facilities Services
14204 NE Salmon Creek Avenue
Vancouver, WA 98686
ready.aim.wsu.edu/vancouver

Refer to BPPM 80.56

DEPARTMENT		DATE
REQUESTOR NAME	TELEPHONE	E-MAIL

PROPOSED EQUIPMENT

EQUIPMENT NAME	EQUIPMENT TYPE	QUANTITY
MANUFACTURER	MAKE / MODEL	
TECHNICAL SPECIFICATIONS (Attach manufacturer's technical specifications or provide website URL for equipment.		
EQUIPMENT OPTIONS		

VENDOR NAME	TELEPHONE	☐ New equipment ☐ "Like for like" replacement

EQUIPMENT USE AND LOCATION *

REASON FOR EQUIPMENT PURCHASE	
GOAL FOR USE OF EQUIPMENT	
PLAN FOR REMOVAL OF EXISTING EQUIPMENT	
BUILDING / ROOM NUMBER	DATA / IT REQUIREMENTS
SIGNIFICANT EQUIPMENT CURRENTLY IN ROOM / LOCATION	

* Attach all the following that are applicable: 1) photos of the space, 2) existing equipment (including nameplate data), 3) existing utilities, and 4) sketches of the intended layout.

WSU1514-FACSVCS001-0122

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REQUIRED TECHNICAL SPECIFICATIONS

General Specifications

UTILITY REQUIREMENTS (i.e., electrical, steam, water, gas, chilled water, DI/RO water, drainage, etc.)		
EQUIPMENT WEIGHT	EQUIPMENT DIMENSIONS	COMPONENT SIZES

Electrical Specifications

POWER CONSUMPTION (watts, amps, KW, KVA, etc.)	* HERTZ (60hz is U.S. standard, 50hz is common in other countries)
PHASE ☐ Single phase ☐ Three phase	** UL LISTED ☐ Yes ☐ No
VOLTS / VOLTAGE RANGE / TOLERANCE % (if applicable)	

* Recommend requiring the vendor to supply a compatible transformer/power supply if the equipment is intended to ship with voltage and/or hertz requirements other than what is standard in the U.S.

** Equipment must have the required UL label (SPPM 2.72 and WAC 296-46B-903) affixed to it upon arrival. If not, an approved third-party evaluation must be completed (at additional cost) prior to electrical inspection. Contact WSU Facilities for assistance with this process.

HVAC Specifications

HEAT LOAD DISSIPATION TO SPACE (tons, BTU, KW, etc.)	HEAT LOAD DISSIPATION TO CHILLED WATER (tons, BTU, KW, etc.)
VENTILATION DEMAND (CFM) OR REQUIRED AIR CHANGE RATE	STEAM DELIVERY PRESSURE (psi)
WATER DELIVERY PRESSURE (psi)	WATER DEMAND (gpm)
DI/RO WATER ☐ Yes ☐ No	DRAINAGE ☐ Yes ☐ No
SPECIALTY GAS ☐ Yes ☐ No	OTHER

FACILITIES SERVICES REVIEW	
☐ No exceptions taken ☐ Revise and resubmit (see comments below)	
COMMENTS	
FACILITIES SERVICES CONTACT NAME / TITLE	DATE