

User	
Supervisor	Faculty/School/Unit

Equipment Details	
Name/Brand/Model	
Supplier	
Function/Purpose	
Is this piece of equipment being	<p>relocated from another CSU laboratory?</p> <p>Relocating from</p> <p>Permanently On loan</p> <p>purchased new?</p> <p>Externally funded</p> <p>CSU funded</p>
Where will equipment be housed? (Room name or number)	
What (if any) special requirements does the equipment need (eg 15 Amp power, RO water, compressor, vacuum, gas supply etc)?	
Is this equipment stand alone or does it build on existing equipment?	
Warranty details (date of expiry/length of warranty period)	
What are the maintenance requirements for the equipment (service contract required, yearly preventative maintenance etc)?	
Proposed upkeep arrangements (subject to NaLSH Executive approval)	<p>Serviced and maintained by user (not available to other users unless by agreement).</p> <p>Serviced and maintained by NaLSH (available to all users and remaining property of NaLSH)</p>

Other details (eg specialist moving requirements)

Timeframe

Purchase Date (if applicable)	Date of arrival at LSB	Commissioning Date	Return Date (if applicable)
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Asset Management

Asset Number	Serial Number	Test and Tag expiry date	Disposal Date
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Authorization

User	Signature	Date
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Head of School	Signature	Date
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Submit to NaLSH and application will be reviewed by the Executive

Facility Manager (on behalf of Executive)	Signature	Date
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