









EQUIPMENT IDENTIFICATION

LOCATION Building: Room Number:	PRIORITY RANKING: <input type="checkbox"/> Irreplaceable Science <input type="checkbox"/> Time to Produce <input type="checkbox"/> Cost to Replace
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PLUG CONFIGURATION

PLUG	 NEMA 5-15P	 NEMA 5-20P	 NEMA 6-15P	 NEMA 6-20P	<input type="checkbox"/> NEMA 5-15 <input type="checkbox"/> NEMA 5-20 <input type="checkbox"/> NEMA 6-15 <input type="checkbox"/> NEMA 6-20
	120V		240V		
RECEPTACLE	 NEMA 5-15R	 NEMA 5-20R	 NEMA 6-15R	 NEMA 6-20R	

EQUIPMENT EMERGENCY PLAN

EQUIPMENT TYPE: -80 Freezer -20 Freezer CryoStorage

EMERGENCY PLAN:

THIS EQUIPMENT BELONGS TO

DEPARTMENT:
PI:
Clinical Departmental Manager:

PLEASE LIST ALL USERS WITH SPECIMENS

CONTACT 1 NAME: PHONE:	CONTACT 2 NAME: PHONE:	CONTACT 3 NAME: PHONE:
CONTACT 4 NAME: PHONE:	CONTACT 5 NAME: PHONE:	CONTACT 6 NAME: PHONE:
CONTACT 7 NAME: PHONE:	CONTACT 8 NAME: PHONE:	CONTACT 9 NAME: PHONE:

Emergency plan and user contact information to be placed on freezer.

