



**Instructions**

**This form is to be completed by the department requesting equipment review.** Some equipment has inherent safety hazards that require special controls, facilities, and or regulatory compliance actions. Departments purchasing such equipment should factor and budget for these requirements before the equipment is purchased. This form should be completed and sent to EHS in advance of procurement to facilitate the appropriate hazard assessment and approvals. Completed form should be sent to EHS at [ehs@kennesaw.edu](mailto:ehs@kennesaw.edu).

**Requester Information**

|               |  |            |  |
|---------------|--|------------|--|
| Employee Name |  | Supervisor |  |
| Department    |  | Tel #      |  |
| Email         |  |            |  |

**Equipment Information**

|                            |  |              |  |
|----------------------------|--|--------------|--|
| Equipment Description      |  | Manufacturer |  |
| Model Number               |  | Status       | <input type="checkbox"/> New * <input type="checkbox"/> Used (transfer/donation) |
| Proposed Building Location |  | Room #       |  |

**Safety Attributes**

*Please check all applicable attributes of this equipment.*

|   |   |
|---|---|
| <input type="checkbox"/> Contains radioactive material                | <input type="checkbox"/> Produces X-Rays  |
| <input type="checkbox"/> Contains Class 3B or Class 4 lasers          | <input type="checkbox"/> Can create a magnetic field $\geq 0.5$ millitesla (mT) |
| <input type="checkbox"/> Can generate noise $\geq 80$ decibels (dBA)  | <input type="checkbox"/> Generates dust?  |
| <input type="checkbox"/> Will produce significant heat                | <input type="checkbox"/> Is a Laser cutting machine                             |
| <input type="checkbox"/> Is an Ethylene Oxide sterilizer              | <input type="checkbox"/> Is a metal 3D printer                                  |
| <input type="checkbox"/> Is metal fabrication or wood cutting machine | <input type="checkbox"/> Others   |

**Facilities Requirements**

|   |  |
|---|--|
| <input type="checkbox"/> Requires exhaust ventilation     | <input type="checkbox"/> Requires dedicated electrical circuit     |
| <input type="checkbox"/> Requires natural gas             | <input type="checkbox"/> Requires potable or wastewater line       |
| <input type="checkbox"/> Requires compressed air          | <input type="checkbox"/> Requires additional cooling               |
| <input type="checkbox"/> Requires fire suppression system | <input type="checkbox"/> Requires special transportation/unloading |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>Will Modification of building structure be required to house this equipment?</b>         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If "yes," has a <a href="#">Facilities Planning Request</a> form been submitted for review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Approval

Approved

Not approved  
Reason for denial:

*EHS has conducted a preliminary review of your request and approves the purchase of this equipment/device. If necessary, EHS will conduct a formal hazard assessment in collaboration with the end-user(s) and Facilities Management to ensure that the equipment is installed in accordance with the manufacturer's specifications and industry best practices, and that all the required safety measures are in place prior to operation of the equipment.*

EHS Personnel Name \_\_\_\_\_ EHS Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_