



University of Prince Edward Island
EQUIPMENT PURCHASE INFORMATION FORM

THIS FORM IS TO BE COMPLETED FOR ALL EQUIPMENT PURCHASES.

Department: Phone:
Purchaser: Fax:
Date: E-mail:

Part A
Equipment Information

Name of Equipment to be purchased:
Model Number:

Equipment Manufacturer Information

Manufacturer Name: Contact Name:
Manufacturer Address: Phone:
Fax:
E-mail:

Equipment Supplier Information

Supplier Name: Contact Name:
Supplier Address: Phone:
Fax:
E-mail:

Indicate equipment's safety standard certification (eg. CSA, ULC):

Are service manuals included? Yes No

Does purchase price include the cost of: Startup? Yes No N/A
Training? Yes No N/A

Warranty Period:

Does warranty include Parts and Labour? Yes No

Installation Requirements (Please attach equipment specification sheet if applicable)

Location (Building name, room number, demolition required, new millwork required)

Structural (eg. Weight, dimensions)

Plumbing (eg. Water supply, quantity, pressure, drainage, line sizes)

**Electrical** (eg. Voltage, amperage, horse power, dedicated circuits required) \_\_\_\_\_

**Ventilation** (eg. Dedicated exhaust required, amount of heat generated) \_\_\_\_\_

**IT/Network** (eg. Number and type of connections required) \_\_\_\_\_

**Signage** (eg. Radioactive, magnetic, biohazard) \_\_\_\_\_

**Note:** Please add equipment specification sheet if available.

Is the equipment being purchased replacing an existing unit?  Yes  No

If yes, have arrangements been made for disposal or storage of the existing equipment?  
(Please note that all obsolete, damaged or non-functioning equipment must be disposed of at time of replacement.)  Yes  No

Is specialized labour or equipment required to remove the existing equipment?  
(eg. crane, moving equipment, forklift, etc.)  Yes  No

Is the existing unit or any part of it considered hazardous waste?  Yes  No

Has funding been established to dispose of or store the existing equipment?  Yes  No

**Part B**  
**Operational Support Requirements**

Will this equipment be used:  Daily # hours/day? \_\_\_\_\_  
 Weekly # days/week? \_\_\_\_\_  
 Other \_\_\_\_\_

Is a service agreement required?  Yes  No

If yes, approximate annual amount? \$ \_\_\_\_\_

Budget number that will support this agreement: \_\_\_\_\_

Approximate Annual Operating Cost  
(Include utilities but exclude service agreement cost) \$ \_\_\_\_\_

*(Please note that Facilities Management does **not** have storage space for equipment)*

*If you have any questions regarding the completion of this form, please contact  
Facilities Management at (902) 566-0471.*

**Once Parts A & B are completed, please forward this form to Facilities Management's Client Reception to complete Part C. Please allow three (3) weeks for this recommendation process.**

**Part C**

<b>Facilities Management</b>	<b>EPIF #:</b> _____
<b>Office Use Only</b>	
Estimated Cost of Installation: _____	
Details: _____	
_____	
Purchased Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reasons: _____	
_____	
Signed: _____ Date: _____	