



EQUIPMENT REQUEST FORM
(for equipment costing from 10,000 USD)

1. REQUESTOR INFORMATION					
Requestor Name (Requestor will be a person responsible for equipment use and access)	First and Last Name		School or Research Center of NU		
Position (PI, faculty of University, Head of the Departments/Labs of University, Schools and Centers)			Department		
2. EQUIPMENT REQUEST					
Fields of research _____ What category of equipment is being requested? Mark all that apply <input type="checkbox"/> Research <input type="checkbox"/> Teaching* <input type="checkbox"/> Multiple purpose (both teaching and research)* <input checked="" type="checkbox"/> Common use <input type="checkbox"/> Other (specify) _____ <small>*indicate course name and semester</small>					
Equipment name (in both English and Russian)	Technical specification* (can be attached if lengthy)	Quant.	Manufacturer price (EXW or CIP) (provide quote or web link)**	Cost DDP (optional)	Supplier details: company name, country
				\$	
<small>* technical specification should be thoroughly developed to be used later in procurement process</small> <small>** provide EXW or CIP price from the manufacturer or western supplier (attach the quote)</small>					

3. EQUIPMENT JUSTIFICATION

(a) State the goals, tasks and needs that relate to this/these items of equipment
(maximum length: 0,5 pages)

(b) Other equipment/alternatives considered. Please provide at least 2 alternatives from different manufacturers that can be used for similar tasks. If there is no alternative, please explain.

Equipment name	Cost (provide DDP price or manufacturer price)	Brief technical description	Outcome (Provide reasons why not recommended)
1)			
2)			

(c) What similar pieces of equipment are already on campus and why they are not sufficient? Please check the equipment database (link!).
(maximum length: 0,5 pages)

(d) How often will the equipment be used

- 1x daily 1 – 2 x weekly Continually or multiple times each day
 Other, provide details:

(e) Who else in the university would use and benefit from using the equipment. Please list names and affiliation of interested users and provide the written confirmation (signature, or supporting email letter)

(f) List titles of the ongoing (already funded) and planned projects where equipment will be used.
(maximum length: 0,5 pages)

- Ongoing (funded) projects;
- Planned projects.

4. LOCATION OF INSTRUMENT AND MANAGEMENT

(a) Space availability. Provide room number where equipment will be located

(b) Facility requirements? (e.g. ultra-low vibration and noise, heavy load on the floor, air purity, power supply (voltage+power), temperature stability, humidity control, gas and water supply, waste line, EMI protection, access to the internet etc.). Does the planned room satisfy these requirements?

(c) Will the equipment require additional support personnel?

5. WORKING GROUP (For common use equipment and equipment costing more than 250 000 USD)

DDP price)

Name, affiliation	Support or do not support, Comment	Signature*

*If signature cannot be provided, then attach supporting email

6. SIGNATURE

Requestor(s) name:		Signature:
		Date:
Dean of the School/Director of the Center name:		School/Center
		Signature :
		Date:



Installation requirements

(for equipment costing more than \$250,000 DDP Astana)

7. LOCATION OF INSTRUMENT, INSTALLATION REQUIREMENTS AND MANAGEMENT

(a) Installation environment requirements: (Please fill everything that applicable, otherwise put NA. Instead of filling this part you can attach the installation requirements from the manufacturer)

Building requirements

Minimum door height: _____ m. Minimum door width: _____ m.
 Minimum ceiling height: _____ m. Room area for installation: _____ m x _____ m.
 Minimum Weight distribution maximum: _____ kg/m²
 Other conditions (please specify): _____

Air environment

Temperature: from _____ °C to _____ °C (please indicate the temperature range)
 Temperature stability: _____ °C per _____ Hours (please indicate the temperature fluctuation rate)
 Relative humidity: from _____ % to _____ % RH,
 Ventilation requirements (supply/exhaust rate): _____ .
 Does equipment require independent air supply/exhaust connection: Yes , No ?
 If “Yes” please specify air supply/exhaust rate and design: _____ ,
 Other conditions (please specify): _____

Please specify if Air Conditioning (AC) is required: Yes No,

If AC is required please specify:

Nominal rate of heat dissipation into air (kW)	Total room heat balance (kW)	All seasonal AC?	Have You included AC into total equipment budget
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other conditions (please specify): _____

Power supply

<i>Please, specify the power supply for the system including all accessories, PC workstation etc.</i>	1 phase, 220V/50Hz	3 phases, 380V/50Hz	Other, please specify
Nominal power consumption, kW			
Peak power consumption in kW			
Stability, %			
Number of sockets			
Electrical connection type (Euro/Schuko plug etc.)			
Earth connection resistance, Ohm			
Is UPS required			

Does the equipment require UPS (uninterruptable power supply): Yes, No ?

If “Yes” please specify UPS unit connection requirements and how it should be achieved: _____

Other conditions (please specify): _____

Water and gas supply

Does equipment requires water supply or water/steam drain: Yes , No ?

If “yes” please specify:

Cold water (specify consumption)	Hot water (specify consumption)	Water drain (specify exhaust)	Steam drain (specify exhaust)	Specify connection type&size (mm or inch)	Specify purity of water
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

V (L/h): _____	V (L/h): _____	V (L/h): _____	V (L/h): _____		
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Other conditions (please specify): _____

Does equipment requires compressed/liquid gas or vacuum supply: Yes, No. If "Yes" please specify:

	Gas 1:	Gas 2:	Gas 3:	Gas 4:	Gas 5:	Gas 6:
Name (formula)	N2	LN2	LHe	O2	NO	CO2
Liquid or compressed?						
Work pressure (unit)		?				
Purity, %						
Annual consumption, L						
Plug connection type & size :						
Provided by equipment supplier (yes / no)						
Source of supply						
Other conditions (specify)						

Other conditions (please specify): _____

Vibration, Noise and EMI

Does equipment require isolation from electromagnetic fields, vibration & noise: Yes , No ?

If "Yes" please specify:

Floor vibrations: _____ ,

Acoustic noise: _____ dB or less, _____ Hz

Stray AC magnetic fields: _____ or less.

Is equipment supplied with vibration isolation devices: Yes , No ?

If "Yes" please specify type of device : _____

If "No" please describe how vibration isolation will be achieved: _____

Other conditions (please specify): _____

Vibration emissions _____

Noise emissions _____

Field Emission and Magnetic Properties _____

Safety regulation for this equipment:	Emitted sound isolation	Emitted sound absorbtion	Magnetic field emission isolation	Magnetic field emission absorption	Other (type of PPE, access procedure etc.)
Yes / No					
If "Yes" specify					

Daily exposure limit for personnel (hours/day): Unlimited (safe) ,
 Limited: _____ h/day or less.

Other conditions (please specify): _____

Light & Radiation

Does equipment require light or radiation protection: Yes , No ?

If "Yes" please specify

Desired darkroom light source specification (source color and intensity): _____

Protection from parasite light: Continuous (requires changing room).
 Temporary (requires only window blind and solid door).
 Other (specify): _____

Does equipment emits high power light or other type of radiation: Yes , No ?

If "Yes" please specify:

Light emission wavelength / power (specify range): _____ nm , _____

Radiation emission: alpha-particles , specify dose _____
 beta-particles, specify dose _____
 gamma-ray, specify dose _____
 microwave, specify dose _____
 laser radiation safety, specify dose _____
 Other (specify): _____

Please specify safety regulation for the equipment: _____

Daily exposure limit for personnel (hours/day): Unlimited (safe) ,
 Limited: _____ h/day or less.

Other conditions (please specify): _____

LAN

Number of sockets: _____

Type of socket: _____

Bandwidth: _____

(b) Space retrofitting and preparation consideration

Does designating room require retrofitting: Yes , No ?

If "Yes" please provide retrofitting and lab furniture budget estimation: _____
_____ (currency and source of funding)

Please attach room and furniture drawing plan on separate list, if needed.

(e) Maintenance cost: what supply materials equipment requires and what is estimated operational cost of the equipment.

8. SIGNATURE

Requestor(s) name:		Signature:
		Date:
Chief of Engineering Service, NURIS:		Signature :
		Date: