

## LABORATORY REQUIREMENTS DATA SHEET

Date: / /

PROJECT LOCATION			
Building		Room Type	
Level		ICR Func.	
Room #		NASF	
OCCUPANCY			
Principal Investigator(s)		# Post-Docs	
Department Assigned		# Grad-Students	
Department Occupying		# Other Staff	
Type of Research		Hours of Operation	
ARCHITECTURAL	Y / N	QTY / REMARKS	
Workstations	<input type="checkbox"/>		Floor Type
Lab Bench	<input type="checkbox"/>		Wall Type
Door Type/Width	<input type="checkbox"/>		Ceiling Type/Height
HVAC	Y / N	REMARKS	
Temp/Humidity Control	<input type="checkbox"/>		
Supplementary Cooling	<input type="checkbox"/>		
Relative Air Pressure	<input type="checkbox"/>		
Air Filtration	<input type="checkbox"/>		
Dust Control	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
ELECTRICAL & LIGHTING	Y / N	REMARKS	
Conditioned Power	<input type="checkbox"/>		
Stand-by Power	<input type="checkbox"/>		
Emergency Power	<input type="checkbox"/>		
Electrical Grounding	<input type="checkbox"/>		
Special Lighting	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

NOTE: The ability to connect to existing building infrastructure such as electrical service, campus chilled water, or other systems will be evaluated during the design and engineering feasibility stages.

PLUMBING		Y / N	REMARKS
Lab Sink	<input type="checkbox"/>		
Eyewash	<input type="checkbox"/>		
Safety Shower	<input type="checkbox"/>		
Ultra-pure Water	<input type="checkbox"/>		
DI Water	<input type="checkbox"/>		
RO Water	<input type="checkbox"/>		
Steam	<input type="checkbox"/>		
Pre-Action Sprinklers	<input type="checkbox"/>		
Acid Neutralizing Sys.	<input type="checkbox"/>		
LABORATORY GASES		Y / N	REMARKS
Compressed Air	<input type="checkbox"/>		
Vacuum Systems	<input type="checkbox"/>		
Natural Gas	<input type="checkbox"/>		
Helium	<input type="checkbox"/>		
Argon	<input type="checkbox"/>		
Nitrogen	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
TECHNOLOGY		Y / N	REMARKS
Server	<input type="checkbox"/>		
A/V Equipment	<input type="checkbox"/>		
Voice/Data	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

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SPECIAL REQUIREMENTS	Y / N	REMARKS
Acoustic Req.	<input type="checkbox"/>	
Low Vibration Req.	<input type="checkbox"/>	
RF/Magnetic Shielding	<input type="checkbox"/>	
Lab Animal Use	<input type="checkbox"/>	
Biosafety Level (BSL)	<input type="checkbox"/>	
Robotics	<input type="checkbox"/>	
Alarm Systems	<input type="checkbox"/>	
Radiation Use	<input type="checkbox"/>	
DEA Controlled Subs.	<input type="checkbox"/>	
Curtains (Laser, other)	<input type="checkbox"/>	

EQUIPMENT	Y / N	REMARKS
Autoclave	<input type="checkbox"/>	
Glass Wash	<input type="checkbox"/>	
Cold Room	<input type="checkbox"/>	
Fume Hood	<input type="checkbox"/>	
Laminar Flow/BSC	<input type="checkbox"/>	
Fume Snorkel	<input type="checkbox"/>	
Optical Table	<input type="checkbox"/>	
Laser	<input type="checkbox"/>	
Incubator	<input type="checkbox"/>	
Freezer/Refrigerator	<input type="checkbox"/>	
Ice Machine	<input type="checkbox"/>	
Flammable Storage	<input type="checkbox"/>	
Glove Box	<input type="checkbox"/>	
Welding	<input type="checkbox"/>	
"Shop" tools or machinery	<input type="checkbox"/>	

For Additional equipment complete to the CU Laboratory Equipment List Sheet

ADDITIONAL REQUIREMENTS	REMARKS
Other <input type="checkbox"/>	
Other <input type="checkbox"/>	
Other <input type="checkbox"/>	

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