

Facility Services Purchase Approval Form

The Office of Facility Services provides full-service building and grounds maintenance and renovation to University facilities and premises. Please be advised that all work involving University Facilities and/or property such as construction, renovation, alteration, maintenance, and/or installation of new equipment must be authorized and performed by, or under the supervision of the Office of Facility Services in accordance with PS-84. OFS approval is also required for the following purchases:

- All purchases of household, laboratory appliances or other equipment, including, but not limited to lab equipment, refrigerators, freezers, ice makers, dishwashers, etc. that require electricity. Small counter top appliances are exempt from this approval. Space heaters are NOT authorized for use on campus, (PS-49).
- Any equipment that requires direct hookup to any utility or vent system including, but not limited to electricity, plumbing, gas, compressed air, vent hoods, ducts, etc.
- Any purchase for the purpose of, or requiring modifications to LSU buildings or property for installation or enhancement. This includes equipment that will require mounting to a wall, floor, or any other building structure.
- All purchases of modular furniture
- Inflatable rentals or purchases

The Facility Services Purchase Approval Form will be the method used for requesting and receiving OFS approvals. This electronic form should be filled out in its entirety and emailed to ofsequipapprove@lsu.edu. Instructions are as follows:

- Enter all requestor info in the event further questions or clarifications are needed, and for return of the approved form.
- Describe the type of equipment being purchased, list model number, and website link to the actual item. A quotation and/or spec sheet, when available, can also be attached to the email along with the form.
- Specify the location that the purchased equipment will be placed in for use.
- Answer questions stating if the new equipment is replacing something already in use, if it is free standing, and/or if it requires mounting to a wall, floor, or other structure.
- Notate whether the equipment will be able to travel from its delivery point to its final destination by answering if there is adequate clearance through halls, doors, etc.
- Many items requested come with various electrical requirements. Please answer which type of electrical connection is required, as well as the voltage needed. This helps us determine if the space has the correct outlets and/or capacity.
- Please state if other utilities are required for the equipment. This helps us determine if these necessary utilities are available at that location.
- All appliances are required to be Energy Star Certified when that option is available. For additional information please visit <https://www.lsu.edu/sustainability/energy/energy-star.php>.
- Environmental Health & Safety has guidelines for certain equipment types. Please consult them for environmental concerns, and health and safety information.
- Some equipment may require specific humidity or temperature ranges. Please notate the equipment specific requirements if applicable.
- Notate and describe any services you may need from Facility Services for hook up and/or installation. Please note that this does NOT take the place of the work order system.
- All requests for assistance from Facility Services for utility connection, installation, and/or other support must be requested through the FAMIS work order system by the Building Coordinator.

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Please fill out the following and submit to ofsequipapprove@lsu.edu

Requestor Name: _____

Email: _____

Phone: _____ Date: _____

Equipment Description: _____

Manufacturer and Model: _____

Website: _____

Equipment Location: Building: _____ Room: _____

Is this a replacement for an existing piece of equipment? Yes No

Is this free standing, table top, or other type of equipment? _____

Will modifications be needed to support/mount equipment? Yes No

Will this fit through all doors, halls, and elevators for delivery?
(If using elevator will it support the weight?) Yes No

What are the electrical requirements? (i.e. 120v, 240v, outlet plug, hard wired, etc.)

Does this require plumbing, ventilation, compressed air, and/or gas? If yes please explain.

Yes No _____

For Appliances only: Is this appliance Energy Star Certified? Yes No N/A

Have you consulted EH&S for equipment safety needs? Yes No

Will the equipment require special temperature control? Yes No

List any additional services needed from Facility Services for installation of this equipment:

OFS Approval Signature: _____

Approver name and title: _____

Date of approval: _____