APPENDIX E

TECHNOLOGY EQUIPMENT ACQUISITION CHECK LIST

SUPPLIER _____ CONTACT _____

ADDRESS _____ TELEPHONE _____

CITY _____ POSTAL CODE _____ FAX _____

EQUIPMENT SPECIFICATIONS MANUFACTURER _____

MAKE _____ MODEL _____ TYPE _____

WARRANTY ON EQUIPMENT

PARTS _____ YRS LABOUR _____YRS ON LOCATION ☐ SHIPPING? ☐

	Yes	No	
EXTENDED WARRENTY	☐	☐	COST $ _____
SERVICE AGREEMENT	☐	☐	COST $ _____
CONSUMABLES REQUIRED	☐	☐	COST $_____

*If yes provide list.

REPAIR SERVICE

WHO _____

WHERE _____

COSTS _____

REGULAR MAINTENANCE

WHAT _____

RECOMMENDED INTERVALS _____

OTHER _____

ENVIRONMENTAL CONCERNS

	Yes	No		Type
VENTILATION REQUIRED	☐	☐		_____
POTENTIAL EMMISSIONS:				
NOISE	☐	☐	dB.s	_____
HEAT	☐	☐	B.T.U.s	_____
FINE PARTICLES	☐	☐	Microns	_____
RADIATION	☐	☐	Type	_____
LIGHT	☐	☐	Ft. Candles	_____
VIBRATION	☐	☐	Hz.	_____
OTHER (PLEASE SPECIFY)	☐	☐		_____

OPERATOR SAFETY CONCERNS

	Yes	No		
GUARDING INCLUDED	☐	☐	EXTRA	$ _____
EMERGENCY SHUT OFF EQUIP.	☐	☐	EXTRA	$ _____
ACCEPTS LOCKOUT DEVICE	☐	☐	EXTRA	$ _____
PERSONAL PROTECTION EQUIP REQUIRED	☐	☐	EXTRA	$ _____

OPERATIONAL REQUIREMENTS

POWER REQUIRED VOLTS _____ PHASES _____ CONSUMPTION AMPS _____

	Yes	No	
C.S.A. APPROVED	☐	☐	CONNECTION TYPE _____
COMPRESSED AIR REQUIRED	☐	☐	C.F.M. _____ P.S.I. _____
GAS REQUIRED	☐	☐	TYPE _____ VOLUME _____
CGA APPROVED	☐	☐	

CHEMICAL REQUIREMENTS

	Yes	No	Type
CUTTING FLUIDS	☐	☐	*PLEASE SPECIFY _____
BY-PRODUCT DISPOSAL	☐	☐	*PLEASE SPECIFY _____
SDS SHEET AVAILABLE	☐	☐	
OTHER	☐	☐	*PLEASE SPECIFY _____

SPECIAL INSTALLATION CONCERNS

INSTALLED PRICE $ _____

	Yes	No	Type
SPECIAL REQUIREMENTS	☐	☐	*PLEASE SPECIFY _____
COST TO DISPOSE OF EQUIP.	☐	☐	*PLEASE SPECIFY _____
OTHER	☐	☐	*PLEASE SPECIFY _____

Principal's Signature _____ School _____ **Date** _____