

# NCCOS

## EQUIPMENT MODIFICATION REQUEST FORM

Date

### INSTRUCTIONS

Any experimental change, design modification (MOD), installation or removal of attachments or accessories of laboratory equipment is to be completed only after approval by all of the following: Project PI, Engineering, Safety Office and Management Authority. The request must show justification for the action and after approval should be distributed to the other operators of the equipment to be modified. After the MOD(s) is completed, a notice should be posted near/on the modified equipment, which should include the printed name and signature of the individual(s) who modified the equipment, if the MOD(s) is permanent or temporary, date when the MOD(s) was completed, and the approval date of the MOD(s) request (by the Management Authority).

Equipment Inventory No. \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_  
(DOC #)

Name of requester: \_\_\_\_\_ Signature of requester: \_\_\_\_\_ Proposed date for MOD(s) \_\_\_\_\_

Explanation of proposed MOD(s) with justification (please comment on need/ benefit):

**Please answer the following questions (If YES, please explain in the "Comments Section" of the form, under the appropriate item #, if required):**

1. Are other users possibly impacted by the proposed MOD(s) to the equipment? Yes  No

Please include below the affected user's name, phone number and their input response regarding the MOD (s) request.

Other user(s) name / phone number

Comment(s) regarding the MOD(s) request

_____	_____
_____	_____
_____	_____

2. Is the MOD to the equipment permanent? Yes  No

If NO, please specify the proposed restoration date.

Restoration Date

3. Does the manufacturer of the equipment permit/ concur with the MOD(s)? Yes  No  UNK

4. Does the MOD affect the warranty/ liabilities of the equipment? Yes  No  UNK

5. Will the MOD(s) affect the hazardous products generated by the equipment? Yes  No

6. Will the MOD(s) change the personnel safety requirements to use the equipment? Yes  No

7. How technical is the MOD (e.g. electrical/engineering/plumbing and/or ventilation changes, etc.)? Please specify:

8. Please identify estimated cost associated with the MOD(s). Estimated cost (\$):

9. Will the MOD(s) decrease the use of the equipment? Yes  No

Comments) Section

Item # 1. Are other users possibly impacted by the proposed MOD(s) to the equipment?

Item # 2. Is the MOD to the equipment permanent?

Item # 5. Will the MOD(s) affect the hazardous products generated by the equipment?

Item # 6. Will the MOD(s) change the personnel safety requirements to use the equipment?

After completion, please forward the form for approval to the next authority: project PI /Engineering/ Safety Office/ Management

PI's Name \_\_\_\_\_ Approved  Disapproved  Signature \_\_\_\_\_ Date

Engineering \_\_\_\_\_ Approved  Disapproved  Signature \_\_\_\_\_ Date

Safety Office \_\_\_\_\_ Approved  Disapproved  Signature \_\_\_\_\_ Date

Management \_\_\_\_\_ Approved  Disapproved  Signature \_\_\_\_\_ Date