

NIH OIRM ENERGY STAR EXEMPTION REPORT

Date: _____

NIH ICD Name: _____

ICD Unit: _____

Contact: Name: _____ Phone: _____

Acquisition/Contract/RFP Number (or some means of identifying the procurement):

Brief description of the equipment being exempted:

Identify and list the quantity of equipment being exempted (e.g., IBM PS 2, HP Laser Jet IV, etc.):

Rationale for the exemption (reference exemption criteria):

Official's name and position granting the exemption:

NAME: _____

POSITION: _____

SIGNATURE: _____