



# Research Equipment & Space: Needs Assessment Form

### The purpose of this form is to:

- Confirm that appropriate space is allocated for the requested equipment
- Initiate discussions with Physical Resources about potential construction and renovation requirements for installation of CFI-funded equipment.

### Instructions

1. Complete a separate form for each area that will house CFI-funded equipment or be used as CFI-funded research space.
2. Attach any pertinent data / cut sheets from equipment supplier for any equipment.
3. Please complete, obtain signatures and return to the Research Services Office – Strategic Programs at [stratprg@uoguelph.ca](mailto:stratprg@uoguelph.ca).

The RSO will share the form with Physical Resources and Research Financial Services and with Health & Safety (if relevant).

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Project Leader: \_\_\_\_\_

Department: \_\_\_\_\_

College: \_\_\_\_\_

CFI Project Title: \_\_\_\_\_

Project Leader email address: \_\_\_\_\_

Project Leader telephone number: \_\_\_\_\_

(If applicable) Delegate name: \_\_\_\_\_

(If applicable) Delegate email address: \_\_\_\_\_

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1. Location (building, room number): \_\_\_\_\_
2. Total sq. ft. required (estimate): \_\_\_\_\_

Does the equipment need to be plugged in?	yes	no
Do you consider this to be “plug and play” equipment	yes	no

Brief description of equipment (lay language)

Type of space (select one or more):

- Wet
- Dry
- Microbiological
- Chemical
- Radiochemical

Total number of people to be accommodated (researchers, technicians, other): \_\_\_\_\_

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**Central facility?**

Have you considered locating the equipment in a central facility such as, for example, the Advanced Analysis Center (AAC)? If the equipment will not be located in a shared facility, please explain. \*

\*If the CFI application is for field equipment, small pieces of equipment, and/or basic lab set-up that is heavily used within one's lab, these would not be considered ideal equipment for a central facility.

# 1. Please complete for **BOTH WET AND DRY LAB SPACES**

**Specific Requirements** (check all that apply and specify quantity):

- Special temperature/humidity/dust requirements: \_\_\_\_\_
- Special lighting requirements: \_\_\_\_\_
- Special power requirements (e.g., cooling fans): \_\_\_\_\_
- Sound/vibration concerns: \_\_\_\_\_
- Back-up power: \_\_\_\_\_
- Shielding: \_\_\_\_\_
- Heavy loading on floors: \_\_\_\_\_
- Specific equipment layout requirements: \_\_\_\_\_
- Will custom-built, or customized equipment be installed in the space: \_\_\_\_\_

Please describe the nature of the customized equipment under **Section 3** below.

- Will other equipment not requested in the CFI application be moved into the space? \_\_\_\_\_

Please describe this equipment under **Section 3** below.

- Health/safety issues: \_\_\_\_\_
- Security requirements: \_\_\_\_\_
- Accessibility considerations: \_\_\_\_\_
- Human subjects: \_\_\_\_\_
- Animals – Specify species: \_\_\_\_\_ Number: \_\_\_\_\_

Surgical requirements: \_\_\_\_\_ Housing level required: \_\_\_\_\_

- Lasers – Specify type: \_\_\_\_\_
- Autoclave(s) – Specify number: \_\_\_\_\_
- Additional considerations: \_\_\_\_\_
- Equipment data / cut sheets are attached for:

## 2. Please complete for WET LAB SPACES

### Services Required

- Natural gas
- Compressed air
- Vacuum lines
- Laboratory gases – Specify: \_\_\_\_\_

### Specific Requirements (check all that apply and specify quantity):

- Fume hoods – Quantity: \_\_\_\_\_
  - Biological safety cabinets – Quantity: \_\_\_\_\_
  - Chemical storage – Check all applicable and provide quantities, if available.
    - ┆ Flammable liquids – Quantity: \_\_\_\_\_
    - ┆ Acids – Quantity: \_\_\_\_\_
    - ┆ Bases – Quantity: \_\_\_\_\_
    - ┆ Oxidizers – Quantity: \_\_\_\_\_
    - ┆ Explosives – Quantity: \_\_\_\_\_
    - ┆ Reactive chemicals – Quantity: \_\_\_\_\_
  - Biosafety – Specify level of biosafety hazard: \_\_\_\_\_
- If a BS L2 (or greater) is required, further specify as to whether the experiments will be conducted in a cabinet , or if the entire room must conform to BS L2 requirements .
- Radiation – Specify type of radiation or isotopes: \_\_\_\_\_

## 3. Please attach **Equipment Specifications /cut sheets**

The manufacturer will have cut sheets or specifications for their equipment. Please attach the details for each item being requested. You can also provide links below.

NOTE: It is recommended that equipment coming from outside of Canada be CSA approved, or have equivalent certification at factory. Otherwise, field certification must be obtained prior to usage. Information and list of Approval Marks can be found through the [Electrical Safety Authority](#)

#### 4. Additional comments or requirements

5. Based on the described requirements above, do you foresee a need for renovations for your CFI project? Please explain.

*I hereby confirm that the specified space has been reserved to host the requested CFI equipment and will remain so for a minimum of five-years after the equipment is operational.*

*I authorize the assessment of location and potential construction or renovation requirements for this infrastructure project.*

**Researcher**

<i>Name</i>	<i>Signature</i>	<i>Date</i>
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**Department Chair**

<i>Name</i>	<i>Signature</i>	<i>Date</i>
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**Dean (or designate)**

<i>Name</i>	<i>Signature</i>	<i>Date</i>
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