

Asset Capture Form (for ULTs only)

20090825

Asset Number (i.e., 6-digit number from asset bar code label)

Date

Instructions:

1. Print legibly.
2. Slash zeroes (this is the letter O, this is a zero 0).
3. If you have a question, check with your supervisor.
4. Complete all known information.
5. Return the completed form to your supervisor for their review.
6. Complete and attach "PM Capture" form(s) defining required preventive maintenance procedures.
7. If there is insufficient space to capture the information on this form attach a supplemental sheet.

DO NOT send this form without your supervisor's signature indicating they have reviewed and agree to the submitted data - it will be returned!

Manager's/Supervisor's Signature

Description

Manufacturer

Model#

Serial#

Equipment Category

Ultra Low Temperature Freezer

Equipment SubCategory

Account

HRS

(enter ULT or Alarms Only or TISSUE)

(HRS + 6-digit asset; Example: HRS100001)

Compliance Category

Equipment Support

Communication Systems, Departmental Support, Equipment Support, Infection Control, Life Safety, Life Support, Support of the Environment

Site

(Example: Medical Center Research)

Building#

(Example: 7549)

Shop#

(Example: 030)

Floor/Level/Area

(Example: 1st Floor)

Location Description

(Example: Rm 1014)

Skill

(Example: Electrician)

User Defined Fields:

Day 1

Night 1

Day 2

Night 2

Day 3

Night 3

Day 4

Night 4

Alarm Zone

CallBack Mgr eMail

Principle Investigator

Preventive Maintenance (PM) Data (complete if not submitting separate PM Capture Form)

PM Start Date

(First date PM should be scheduled for this asset)

Duplicate PMs of Asset#

(Asset Number of equipment whose PMs should be duplicated for this asset; i.e., have the same tasks and frequency)