



Person Purchasing Fridge/Freezer		
Last Name (Print):		First Name (Print):
Work Telephone Number:		Email Address:
Department:		
Purchase Information		
Appliance (choose one): <input type="checkbox"/> Fridge <input type="checkbox"/> Freezer <input type="checkbox"/> Combination		Size (cubic feet):
Location of Appliance:	Building:	Room:
Confirm the following:		
Is this appliance a replacement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the appliance be directly plugged into the wall outlet? (extension cord will not be used)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will egress routes, travel ways, or doors be blocked by the appliance? (pathways not less than 1100 mm wide)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will chemicals be stored in the appliance? (includes preservatives, fixatives or any other chemical added to biological material)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide a description of the materials that will be stored in the unit:		
Special considerations must be made for storing <b>flammable contents</b> or <b>infectious materials</b> .		
Signature:		Date:

Prepared By / For Information Contact (if different from above)	
Last Name (Print):	First Name (Print):
Work Telephone Number:	Email Address:
Requisition Number (if available):	

Safety Resources Approval	
Safety Resources authorizes the purchase of the appliance based on the information provided above.	
Signature:	Date:

Contact Safety Resources at 306-966-4675 if you have any questions completing the form.