

# AC Request Form

First Edition March 2010

Request for Installation of Air Conditioning Form , (Please note: This Form should be made available online)

**Instructions:** Please complete document by filling in the blanks and circling the appropriate response in the sections relevant to you. Assistance in completing some sections may be provided upon request to the Estate Management Department.

Building .....

Building No. ....

Room No (s).....

Department/Service/Centre/External Organization.....

.....

Name of person requesting Air Conditioning

.....

Position in organization.....

Extn .....

## A. The Need

What is the intended use of this space and why is air conditioning necessary?

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## B. Other Alternatives

Are there other spaces with suitable air conditioning that could accommodate the function or piece of equipment?

If YES state room No (s) .....

If NOT SURE indicate if you require an inspection by the Estate Management Department

If NO indicate.....

## C. Design Requirements

### 1. Size of Room

Length.....

Width .....

Height .....

### 2. Window size

Height .....

Width .....

### 3. Window orientation (circle one) [North] [South] [East] [West]

Are the windows shaded? YES/NO

If YES by what? .....

4. How many people work in that room? .....

5. Number of lights. ....

6. Number of Personal computers

7. Number of other Electronic equipment .....

8. Are there any fume cupboards in the room? YES/NO. If yes how many? .....

9. Number of laboratory animals .....

10. Number of other heat producing sources

Photocopier.....

Refrigerator.....

Dishwasher.....

Oven .....

Other.....

11. Temperature requirements..... 00C +/-..... 00C

12. What governs conditions? (circle as appropriate)

[Human Comfort] – [Electronic Equipment] – [Books] – [Artifacts]

[Laboratory Animals] – [Instruments] –

[Other].....

13. Is outside air flow rate critical? YES/NO

Why?.....

14. Is air filtration requirement critical? YES/NO

Why?.....

15. Will there be any chemical, radioactive or biological hazards in the rooms?

If YES state what type.....

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16. Are there any other occupational, radioactive or biological hazards in the rooms?

If YES state what type.....

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17. Operational hours of the room: Hours.....Day(s) .....- ..... -..... -.....

18. Other comments or information.....

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## D. Funding of Air Conditioning Installations

### Functional

All costs including supply, installation, reinstatement and replacement will be from Users Departments' funds or other funds so designated provided specific funding is available. If Users have not prearranged funds and cannot wait until the next program, they may fund the installation themselves.

### Comfort

The costs of installations necessitated by human comfort criteria will be funded from Users Departments' funds or other funds so designated provided specific funds are available. Where the criteria are met, but no funding is available the costs of installations can be funded by the User?

**Source of Funds**

Is the work Department funded? YES/NO

Is the work User funded? YES/NO

If YES (State Account Code) .....  
.....

I acknowledge the design requirements as being correct.

Principal User of Room .....  
Signature.....  
Date .....

Head of Department .....  
Signature.....  
Date .....

I recommend the work as requested  
Estate Management Department, Air Conditioning  
Signature.....  
Date .....

End