



Request cooling/freezing equipment, O|2

Applicant

First- and lastname *

Department/group *

Budget number *

(Asked because of ever changing group names, equipment is property of FCO).

Request

Type and number of devices *

- Refrigerator (+5), ATEX 95 explosion proof?
- Freezer (-20), ATEX 95 explosion proof?
- Ultra low freezer (-80), including interior?

Location(s) *

What for? *

Conclusion

Solution?

(To be completed by FMI-Bèta).

This PDF-form works best when used with Adobe Acrobat Reader.

Save after filling in and send it to: mechrepO2.fmib@vu.nl

The submitted application for replacement or additional cooling/freezing equipment will be processed by FMI-Bèta/Housing and FCO in accordance with the established procedure.

** These are required input fields.*