

Laboratory Power Profile



NEW JERSEY
MEDICAL SCHOOL
University of Medicine & Dentistry of New Jersey



Dept: _____

Bldg: _____

PI: _____

Room or Bay: _____

Office phone: _____

**Emergency power outlet in room?
no/yes**

Offsite
contact phone: _____

Receptacle number: _____

Email: _____

Contact person if other than PI:

Profile Completed
by: _____

Office phone: _____

Date: _____

Offsite
contact phone: _____

Email: _____

Critical Equipment

Indicate number of each; ✓ if power cord has non-standard plug

Freezers:

___ -20°C frost-free ___V___ Amps
___ -20°C non-defrosting ___V___ Amps
___ -20°C explosion-proof ___V___ Amps
___ ultra-low 110V ___ Amps
___ ultra-low 220V ___ Amps
___ other ___V___ Amps

Refrigerators:

___ 4°C ___V___ Amps
___ 4°C Cold Box ___V___ Amps
___ 4°C Cold Room
___ other ___V___ Amps

Incubator:

___ 37°C dry ___V___ Amps
___ 37°C humidified/CO₂ ___V___ Amps
___ warm room



Other critical equipment:

_____ V___ Amps
_____ V___ Amps
_____ V___ Amps
_____ V___ Amps

Other Equipment Routinely Left Running:

_____ V___ Amps
_____ V___ Amps
_____ V___ Amps

Known Problems/Solutions:

Externally Monitored Equipment:

