Laboratory Freezer Inspection Checklist

Date (YYYY-MM-DD):

1 Location & Identification

Freezer Location:

Department Name:

PI Name:

Unit Brand:

Unit Model #:

Unit Serial #:

☐ Ultra-Low/ MInus 80 ☐ Minus 40 ☐ MInus 20 ☐ Standard Freezer ☐ Standard Explosion Proof ☐ Other:

2 Condition

- ☐ Exterior clean and in good condition
- ☐ Air vent/Coils are free from excess dust and debris
- ☐ Door seal intact and clean
- ☐ Door closes and latches properly
- ☐ Interior clean and in good condition
- ☐ No unusual odors or signs of leakage
- ☐ Alarm / indicator light functional

3 Contents

- ☐ Contents organized and labeled
- ☐ No expired / unauthorized materials
- ☐ Sufficient space for air circulation
- ☐ No signs of contamination or spills

Notes:

4 Temperature

☐ Temperature acceptable

Current Temperature:

Min/Max (if available):

5 Documentation

- ☐ Temperature log up to date
- ☐ Maintenance records up to date
- ☐ Inventory list available

Notes:

6 Final Sign-Off

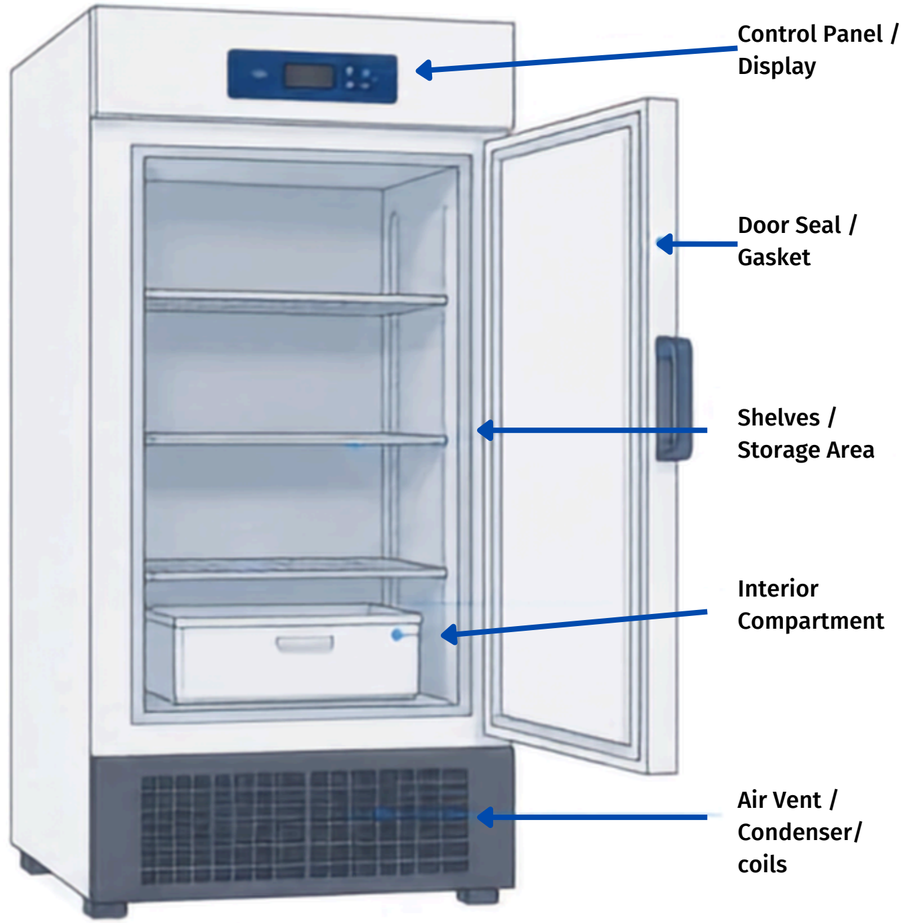
Inspection Result: ☐ Satisfactory ☐ Unsatisfactory

Corrective Action Required: ☐ Yes ☐ No

Inspector Name *(print)* _____

Date (YYYY-MM-DD): _____

Mark locations of damage and concernss



Notes/Corrective Actions:

Laboratory Freezer Survey Checklist

1 Location Information

- ☐ Department: _____
- ☐ PI / Lab Group User Name: _____
- ☐ Building: _____
- ☐ Floor / Level: _____
- ☐ Room Number / Location: _____
  (Be descriptive if location is complicated; if in a corridor, add closest room number)
- ☐ Room / Area Type: _____
- ☐ Geo-Location Captured: Pinpointed on map / coordinates noted

2 Equipment Details

- ☐ Equipment Type: _____
- ☐ Manufacturer: _____
- ☐ Model Number: _____
- ☐ Serial Number:
- ☐ Approximate Date of Purchase (Month & Year): ____ / _____
- ☐ Outlet Type: _____
- ☐ Equipment Owner: _____

3 Backup Systems & Capacity

- ☐ **Backup Systems:**
  - ☐ Building Backup Power: ☐ Yes ☐ No ☐ Unsure
  - ☐ UPS / Battery Backup Installed: ☐ Yes ☐ No ☐ Unsure
  - ☐ LN_2 or CO_2 Backup System: ☐ Yes ☐ No ☐ Unsure
  - ☐ Other Backup System: ☐ Yes ☐ No ☐ Unsure
  - ☐ No Backup System in Place: ☐ Yes ☐ No ☐ Unsure
- ☐ **Freezer Fullness:**
  - ☐ Empty | ☐ 25% Full | ☐ 50% Full | ☐ 75% Full |
  - ☐ Completely Full

4 Stored Materials & Risk Assessment

- ☐ **Description of Stored Materials:**
  (Briefly explain contents and research use; note if it is a historical collection)

  _____

  _____
- ☐ **Replacement Feasibility & Estimated Value:**
  (Explain replacement steps, potential cost, and associated labor)

  _____

  _____

  _____

5 Files & Photos Ready for Upload

- ☐ **Inventory Spreadsheet Ready:** .xls or .xlsx file prepared
- ☐ **Purchase Records Ready:** Single .pdf file prepared
  (POs, maintenance records, etc.)
- ☐ **Equipment Manual Ready:** .pdf file prepared
- ☐ **Photo 1 Taken (Freezer Location):**
  Photo of front of unit in location
- ☐ **Photo 2 Taken (Data Plate):**
  Photo of sticker/metal tag showing model, serial #, and power specs
- ☐ **Photo 3 Taken (Contents):**
  Photo of freezer interior showing contents

6 Form Submission Details

- ☐ **Notes / Risk Factors:**
  (Important information regarding loss risk)

  _____

  _____

  _____
- ☐ **Survey Completed By:** _____
- ☐ **Survey Date:** _____ / _____ / _____