

Reputable Manufacturer Unlisted Electrical Equipment Approval Form

For use at Argonne National Laboratory

Division:

Manufacturer:

Equipment Owner:

Model Number:

Equipment Name:

Serial Number:

Equipment Location Building Room

ANL Property Number:

Label Number:

Multiple Single

Unlisted equipment that is determined to be safe to operate will have a tracking sticker attached for identification. Equipment that does not pass this evaluation will have a REJECTED sticker attached.

Use the following factors when evaluating equipment [NEC 110-3].

APPROVE

- | | |
|--|--------------------------|
| 1. The case is grounded through the power cord to the grounding pin on the plug. | <input type="checkbox"/> |
| 2. The plug is polarized. | <input type="checkbox"/> |
| 3. The equipment input voltage and frequency match those of the building's electrical system. | <input type="checkbox"/> |
| 4. The equipment construction is suitable for the intended operating environment. | <input type="checkbox"/> |
| 5. The equipment is in its original, unmodified and undamaged condition. | <input type="checkbox"/> |
| 6. The equipment has externally accessible supplementary over current protection (e.g. fuses) that are properly sized. (Equipment not having this, needs evaluation to determine if it is safe for use). | <input type="checkbox"/> |

**NOTE: APPROVED EQUIPMENT SHALL BE INSTALLED AND USED IN ACCORDANCE
WITH THE INSTRUCTIONS PROVIDED BY THE DESIGNER/BUILDER.**

Comments: Include all designer/builder instructions, restrictions on use, drawings or information that is relevant to the safe installation and use of this equipment.

- This equipment is approved for installation or use at ANL.
 This equipment is rejected for use at ANL. (See comments above)
 This equipment has been removed from service at ANL.

- Operating Environment:**
- Indoor Use Only
 Damp/Wet Locations
 Hazardous/Classified Locations

**IF THIS EQUIPMENT IS MODIFIED, DAMAGED OR UTILIZED
FOR OTHER THAN THE INTENDED USE, THIS APPROVAL IS
VOID, PENDING RE-EXAMINATION.**

Expiration Date:

Inspection Date: <input type="text"/>	Inspector (Name): <input type="text"/>	Inspector (Signed) <input type="text"/>
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