

CATASTROPHIC REPAIR REQUEST CHECKLIST

Office of Research

Equipment Type: Equipment Name/Description: Model #: Year of Acquisition: UC Davis Asset #: Equipment Down Time:	_____ _____ _____ _____ From Date: _____ To Date: _____
<input type="checkbox"/> Meets Policy <input type="checkbox"/> Info Pending <input type="checkbox"/> Does Not Meet Policy <input type="checkbox"/> Not Sure	Unanticipated failure of shared-use scientific research equipment with an acquisition cost of \$75,000 or more.
<input type="checkbox"/> Meets Policy <input type="checkbox"/> Info Pending <input type="checkbox"/> Does Not Meet Policy <input type="checkbox"/> Not Sure	Title of the equipment must be vested with The Regents of the University of California.
<input type="checkbox"/> Meets Policy <input type="checkbox"/> Info Pending <input type="checkbox"/> Does Not Meet Policy <input type="checkbox"/> Not Sure	Equipment may not be covered by a service contract that provides for repair or component replacement. Name of Vendor: _____ Date Contacted: _____ Amount of Annual Service Contract: \$ _____
<input type="checkbox"/> Meets Policy <input type="checkbox"/> Info Pending <input type="checkbox"/> Does Not Meet Policy <input type="checkbox"/> Not Sure	Establishment of an approved recharge rate for general campus use (see Sections 340-15, Rates, and 340-10, Establishment of Service Activities).
<input type="checkbox"/> Meets Policy <input type="checkbox"/> Info Pending <input type="checkbox"/> Does Not Meet Policy <input type="checkbox"/> Not Sure	Departmental records (such as user logs, recharge invoices, or billing system reports) showing that, during the most recent <u>complete fiscal year of operation</u> , the equipment was used during at least 10% of normal working hours (weekdays, 8:00 a.m. to 5:00 p.m.) by secondary users (as defined in Section 350-95). Records shall include the names and affiliations of all primary and secondary users; date and time of use; and a measure of amount of use, such as film count, running time, or recharge revenue. <ul style="list-style-type: none"> • The Vice Chancellor-Research may accept alternative compelling evidence of shared use on an exceptional basis.
<input type="checkbox"/> Meets Policy <input type="checkbox"/> Info Pending <input type="checkbox"/> Does Not Meet Policy <input type="checkbox"/> Not Sure	Departmental records (such as user logs, recharge invoices, or billing system reports) demonstrating a decrease in activity resulting in lost revenue during the time period in which the equipment was inoperable.
<input type="checkbox"/> Meets Policy <input type="checkbox"/> Info Pending <input type="checkbox"/> Does Not Meet Policy <input type="checkbox"/> Not Sure	To be eligible for funding under this policy, the repairs or component replacement must be needed because of unanticipated failure of the equipment. Normal, predictable repair or maintenance costs are not eligible.
Total Repair Amount: <i>Attach a copy of the paid invoice(s) with DaFIS VI document number</i>	\$ _____ If approved, the campus administration will fund costs over the first \$1,500 for repairs required because of the catastrophic failure of scientific research equipment. The department that is assigned the equipment is responsible for paying the initial \$1,500 of repair or replacement cost.
Justification for Repair (summary): _____ _____	
Unit Name:	_____
Requestor:	Name: _____ Signature: _____ Date: _____
Department Head:	Name: _____ Signature: _____ Date: _____
Office of Research:	Name: _____ Signature: _____ Date: _____