



# KITCHEN EQUIPMENT PURCHASE REQUEST

**Notify Food Service Administrator/designee of equipment requests to obtain information on the newest technology**

Equipment type: \_\_\_\_\_

1. Has the Plant Manager been consulted to verify the current power source?  Yes  No  
Plant Manager: \_\_\_\_\_
2. Will existing internal/utility-owned power source support the increased load for new equipment?  Yes  No  
Specify:  Liquefied petroleum (LP) gas  Natural gas  Electric
3. Did the Plant Manager provide input on equipment requests for power source, placement, and building/kitchen access?  Yes  No
4. Is a water source required to operate the equipment?  Yes  No  
Specify:  Hot  Cold  Both
5. Drain required?  Yes  No  
Specify:  Floor  Plumbed
6. Are ventilation requirements adequate for requested equipment?  Yes  No  
If no, specify need: \_\_\_\_\_
7. What is the current life of the equipment being replaced? \_\_\_\_\_ years
8. How does the requested equipment fit menu application?  
Explain: \_\_\_\_\_
9. Is a change in building structure required?  Yes  No  
Is yes, explain: \_\_\_\_\_  
Consulted Plant Manager: \_\_\_\_\_
10. Will the equipment allow for easy access to exits and hallways/aisles without additional construction?  Yes  No  
If no, explain: \_\_\_\_\_
11. Are renovations of current space required?  Yes  No  
If yes, explain: \_\_\_\_\_  
Estimated cost: \_\_\_\_\_
12. Compliant with fire codes? Safety Officer: \_\_\_\_\_  Yes  No  
Explain: \_\_\_\_\_

13. Has the equipment been verified with the vendor it is Underwriters Laboratories (UL) and National Sanitation Foundation (NSF) approved?  Yes  No  
If no, explain: \_\_\_\_\_
14. Are security and correctional packages built in?  Yes  No  
Explain: \_\_\_\_\_
15. Will employee training be provided by the vendor at no cost?  Yes  No
16. How much training is required to operate the requested equipment?  
Explain: \_\_\_\_\_
17. Has the Food Service Administrator/designee been consulted regarding surplus and/or bundle purchasing with other facilities requesting similar equipment? Date: \_\_\_\_\_  Yes  No
18. Is the warranty included in the purchase price?  Yes  No  
Explain: \_\_\_\_\_  
Extended warranty offered? Cost: \_\_\_\_\_  Yes  No  
Installation included?  Yes  No  
If no, additional cost: \_\_\_\_\_  
Parts and labor included?  Yes  No  
If no, additional cost: \_\_\_\_\_
19. Is the installation company authorized to perform service by the equipment manufacturer?  Yes  No
20. Location of nearest service representative: \_\_\_\_\_
21. Is delivery/freight included in the purchase price?  Yes  No  
If no, additional cost: \_\_\_\_\_
22. Has the Local Business Advisor (LBA) been consulted to secure funding?  Yes  No  
Budget: \_\_\_\_\_  
If no, additional cost: \_\_\_\_\_

Prospective equipment vendors/manufacturers who have assisted with this equipment specification:

Manufacturer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Food Service Administrator/designee **COPY** - LBA with specifications