



EQUIPMENT SCREENING CERTIFICATE

Principal Investigator _____

College _____

Department _____

Research Foundation Account # (PRSY) _____

Equipment Description _____

Date _____

Certification

I _____, by checking one of the boxes below, certify that the above described items of equipment have been screened against the inventory of the College and that

No such items or substantially similar items are owned by the College.

Similar equipment is owned by the College; however, the equipment is fully used during normal working hours. It is not available for shared use.

Items similar to the above described equipment are owned by the College and may be available for shared use

Table with 3 columns: Item, Location, Custodian. Contains 4 rows of blank lines for data entry.

Principal Investigator Name (print) _____

Principal Investigator Signature _____

Date _____

Property Manager Name (print) _____

Property Manager Signature _____

Date _____