**INSTRUCTIONS**

Complete one data sheet for each freezer unit; audit should reflect current conditions encountered, not future or scheduled work.

Name of person completing audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FREEZER LOCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Campus | Building | Floor | Room / Lab number  Include if hallway etc |
|  |  |  |  |

If off campus/not within Institution’s control please indicate where located:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**FREEZER DESCRIPTION**

|  |  |
| --- | --- |
| Type |  |
| Manufacturer |  |
| Model |  |
| Temperature rating |  |
| Asset number |  |
| Age of the freezer (i.e. when was it purchased?) |  |
| Estimated cost of replacing the freezer unit |  |
| Name of responsible freezer owner/manager |  |
| If the freezer is shared, identify all relevant content owners: |  |

**FREEZER SET-UP / OPERATION**

Respond using Yes, No, DK (Don’t know), N/A (Not applicable). Comment as needed.

|  |  |
| --- | --- |
| Is the building/freezer area air conditioned? |  |
| Is there fire detection/protection (smoke detection or automatic sprinklers)? |  |
| Is the freezer area located below ground level (i.e. potential for flooding)? |  |
| Is the freezer area secure; i.e. is access controlled? |  |
| Describe: (e.g. locks, swipe card access) |  |
| Does the freezer have a working audible alarm? |  |
| Is the alarm routinely tested (i.e. when was it last tested)? |  |
| Is the freezer linked to the institution’s monitoring system |  |
| If so, does the monitoring system identify high temperature? |  |
| If so, does the monitoring system identify loss of power? |  |
| If not, why? |  |
| Does the freezer send alarms or warning messages to managers? |  |
| If so, how? |  |
| Do you have a Delegations process for Manager’s on leave? |  |
| Is the freezer directly wired in to the main power? |  |
| If not, is the freezer’s power point exposed and subject to unplugging? |  |
| Does the freezer have an uninterrupted power supply? |  |
| Is the freezer connected to a back-up power supply? |  |
| Does the freezer area (room/lab/etc) have an exposed/unprotected power isolation switch? |  |
| Is the freezer covered under a maintenance contract for servicing? |  |
| Is there a freezer distress response protocol or a freezer failure action plan? |  |
| If freezer door locks are used, are they secured? |  |
| Is there a designated back-up freezer for these contents? |  |
| Does the freezer/area have an alternative refrigerant source (e.g. CO2 cylinders, dry ice)? |  |
| Is there adequate signage on the freezer indicating the content’s owner & authorized contact? |  |
| Are there after hour/emergency numbers on the freezer? |  |
| Are staff/students & contractors aware of emergency response & incident notification procedures? |  |
| If the freezer is not located on the institution’s property (e.g. university, hospital or other research space), do you have a contract or service agreement in place for support and maintenance? |  |

**FREEZER CONTENTS**

When estimating the value of the freezer contents consider all anticipated content replacement costs including re-collecting samples, establishing cell lines, additional staff, time and re-writing of research grant applications etc.

Name of person conducting contents valuation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Description of material being stored (identify if animal, plant or human material):: |
|  |

**Replacement of contents:**

What would it take to replace or replicate the contents of the freezer?

Include numbers/types, estimated time & costs when considering the following:

|  |  |
| --- | --- |
| Research samples or specimens |  |
| Unique products or substances (e.g. archival material); indicate if material is irreplaceable (i.e. cannot be collected again) |  |
| Consumables |  |
| Staff (numbers, grade, FTE etc) |  |
| Time frame (for re-establishment e.g. in weeks, months or years) |  |
| Grant applications / reports (e.g. writing of new grants; reports to grant providers) |  |
| Third Party contract obligations |  |
| Other substances/products/in storage |  |
| TOTAL VALUE OF RESEARCH COSTS | $ |

Any other comments: