

**UTAH STATE UNIVERSITY  
SCREENING RECORD FORM**

Requisition Number: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 Requesting Department: \_\_\_\_\_  
 Requested By: \_\_\_\_\_  
 Approximate Cost: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 Make: \_\_\_\_\_  
 Model: \_\_\_\_\_

Similar Equipment in Inventory:     Yes     No

**Departments Having Similar Equipment:**

Inventory Number	Department	Responsible Person	Contact Phone	Yes/No	Contact Date

Screening procedure did/did not disclose similar equipment available for use as indicated above.

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
DATE

Equipment Management Services  
 Phone 435-797-0499, Fax 435-797-1077  
 UMC 2400