

Department of Facilities Management Power Bar and Extension Cord Requests

Please provide the requested information and complete the checklist below (mark a box if a response is yes to any question). This information helps to determine if a power bar or extension cord request requires review or follow up by Facilities Management. Please submit the completed checklist to facman@mun.ca.

This review is to ensure safety requirements related to the use of power bars, extension cords, and the connected equipment are met. □ Power Bars ☐ Is the required cord length greater than 12'? □Other: feet Please indicate required length: $\Box 6'$ $\Box 12'$ ☐ Is the power bar required for appliances, kitchen equipment, or heaters? ☐ Will the power bar be needed to provide power for more than five items? ☐ Will the power bar be connected to another power bar? ☐ Will the power bar be connected to an extension cord? ☐ Will the power bar create a tripping hazard? Indicate equipment to be connected to power bar: ☐ Extension Cords ☐ Is the required extension cord length greater than 15'? Please indicate required length: $\Box 15'$ $\Box 50'$ $\Box 0$ ther: feet ☐ Will the extension cord be connected to another extension cord? ☐ Will the extension cord be connected to a power bar or multiple devices? ☐ Will the extension cord create a tripping hazard? ☐ Will the extension cord be covered? ☐ Will the extension cord be required for longer than 2 months? ☐ Is the extension cord for outdoor use? Indicate equipment to be connected to extension cord: Indicate estimated length of time extension cord is required: Building and room number: Requestor: _____ Material Delivery Method: ☐ Internal Mail ☐ Pick up at Facilities Management Stores **Departmental Review: FOPAL** (activity and location are not required) Fund (Required) _____ Organization _____ Account _____ Program _____ (Required) (Required) Dept. Approval: Print _____ Date (mm/dd/yyyy): _____ Signature:_____