

FREEZER AUDIT

DATA COLLECTION SHEET (COMPLETION REQUIRED FOR ALL FREEZERS CONTAINING RESEARCH)

INSTRUCTIONS

Complete one data collection sheet for each freezer unit and keep on file with the department. The audit should reflect current conditions encountered, not future or scheduled work. *This is an internal document used for annual State data collection requirements and must be shown in the event of a freezer loss/property claim.*

Freezer Owner Department: _____

Person Responsible for Freezer: _____

Person completing audit: _____

Position: _____

Contact Phone: _____ Email: _____

FREEZER LOCATION (EXACT)

Campus	Building	Floor	Room / Lab number Include if hallway etc

FREEZER DESCRIPTION

Type/Style	
Manufacturer/Brand	
Model #	
Temperature rating (-20, -80, etc.)	
Asset number (if applicable)	
Age of the freezer (i.e., when was it purchased)	
Cost of replacement of freezer unit	
If the freezer is shared, list all content owners:	

FREEZER SET-UP / OPERATION

Comment in the field, if applicable

Check One:

Is the building/freezer area air conditioned?	Yes	No
Is there fire detection/protection?	Yes	No
Is the freezer area located below ground level?	Yes	No
Is the freezer area secure?	Yes	No
If Yes, describe: (i.e., locks, swipe card access)	Yes	No
Does the freezer have a working audible alarm?	Yes	No
Is the alarm routinely tested (i.e., when was it last tested)?	Yes	No
Is the freezer linked to the institution's monitoring system?	Yes	No
If Yes, does the monitoring system identify high temperatures?	Yes	No
If Yes, does the monitoring system identify loss of power?	Yes	No
If No, why?	Yes	No
Does the freezer send alarms or warning messages to managers?	Yes	No
If Yes, how?	Yes	No
Do you have a Chain of Command process in place if managers are unavailable?	Yes	No
Is the freezer directly wired into the main power?	Yes	No
If No, is the freezer's power access point exposed and subject to unplugging?	Yes	No
Does the freezer have an uninterrupted power supply?	Yes	No
Is the freezer connected to a backup power supply?	Yes	No
Does the freezer area (room/lab/etc) have an exposed/unprotected power isolation switch?	Yes	No
Is the freezer covered under a maintenance contract for services?	Yes	No
Is there an Emergency Response Plan or a freezer failure action plan?	Yes	No
If freezer door locks are used, are they secured?	Yes	No
Is there a designated backup freezer for these contents?	Yes	No
Does the freezer/area have an alternative refrigerant source (i.e., CO2 cylinders, dry ice)?	Yes	No
Is there adequate signage on the freezer indicating the content's owner & contact information?	Yes	No
Are there after-hour/emergency numbers on the freezer?	Yes	No
Are staff/students & contractors aware of emergency response & incident notification procedures?	Yes	No

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If the freezer is not located on the institution's property (i.e., university, hospital, or other research space), do you have a contract or service agreement in place for support and maintenance?

Yes No

FREEZER CONTENTS

Person conducting contents valuation: _____

Position: _____

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

Replacement cost of contents (dollar amount required):

Decide what would it take to replace or replicate the contents of the freezer. 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.

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

Research samples or specimens	
Unique products or substances (i.e., archival material)	
Consumables	
Staff (numbers, grade, FTE, etc)	
Time frame (for re-establishment i.e., in web applications/reports	
Grant applications/reports (i.e., writing of new grants; Third-Party grant providers)	
Third-Party contract obligations	
Other substances/products in storage	
Total value of replacement costs for research content	\$

Comments: