

Simms Data Center Equipment Installation Request

FORM 22-361-DCNTR-2

Upon completion, please email to DoIT-SecurityOfficers@doit.nm.gov

DATE:

AGENCY CODE:

AGENCY NAME:

Agency Contact Information Responsible for Equipment Installation

Agency Contact:

Title:

Email:

Phone (Office or Cell):

Equipment Installation Information *(Two equipment items per form only)*

Type of Equipment No 1:

Manufacture Model:

Serial No.:

Rack Location ID.:

Other:

Date of Installation:

Type of Equipment No 2:

Manufacture Model:

Serial No.:

Rack Location ID.:

Other:

Date of Installation:

1. Is equipment being shipped directly to the Simms building? YES NO
If yes, what is the expected delivery date.
2. Will the equipment be installed in an existing rack? YES NO

Power Requirements

- Circuit Breaker:** Single Phase 110V 20-amp w/plug NEMA 5/15/ 5/20
 Single Phase 110V 30-amp w/plug NEMA L5-30
 Single Phase 208V 30-amp NEMA L6-30
 Three Phase 208V 20-amp 30/40/50/60-amp direct wired
 Other:

Manufacturers Current Draw in Watts:

1. Does the equipment have redundant power? YES NO
2. Does the equipment have power plugs? YES NO
If a direct-connect, check here.

Network Requirements

1. Will the equipment be hooked up to the network? YES NO
Other:

2. What type of network cable will be required?
3. Fiber (list the specs: single mode, multi-mode, Sc to Sc, or Sc to Lc ends etc.)
4. Ethernet (list the specs: 10/100/1000 base T, crossover, or straight through etc.)
5. Row and rack location where network cables will terminate:
6. Provide any other information the Data Center staff should be aware of:

Equipment Monitoring

Will equipment require monitoring by DoIT Data Center staff? YES NO
If yes, please specific the type of monitoring and details.

Required Signatures

Agency CIO:

Date:

Print Name:

DoIT Facilities Manager:

Date:

Print Name:

DoIT Data Center Engineer:

Date:

Print Name:

Actual Installation of Equipment Verification

DoIT Building Security Officer:

Date: