

FREEZER AUDIT

DATA COLLECTION SHEET

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:

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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 mains 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 & authorised 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)::
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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	

Any other comments: