Chabot-Las Positas Community College District
Equipment Request 2008-09
Measure B Bond Program

__x__ Chabot College       ___ Las Positas College         ____ District Office

Account Code: __________________________________________________

To be provided by the District Office

Division/Unit: Medical Assisting

Brief Title of Request (Project Name):

Building/Location: 3116

Request Amount (include unit cost, total cost, tax, and shipping):
$1000

Description of the specific equipment or materials requested:

Clintek Automated urine analyzer

What educational programs or institutional purposes does this equipment support?

This would be part of the medical assisting program required clinical skills

How does the request relate specifically to the Educational Master Plan?

Why is this equipment necessary?

_____ Immediate health, safety, or security issues

_____ Increases enrollment

_____ Prevents further deterioration of facilities

_x__ Replaces deteriorated equipment or facilities

_____ Shows cost advantage due to rising prices

_____ Provides visibility for the Bond Program

_____ Is easily executed, in terms of time and money

Describe how the above criteria are satisfied:

What is the consequence of not funding the equipment?

Medical assistant would not complete the required competency

What alternative approaches have been considered to meet programmatic demands for this equipment?
How many students will be impacted by the purchase of this equipment? 20-30 per year

Do students use this equipment? _____ x yes _____ no

Is this equipment a replacement? _____ x yes _____ no

**Staffing requirements for new equipment** (number of staff, are they available, training, etc.):

Will training be required? _____ yes _____ x no

At whose cost?

What are the estimated ongoing costs (for maintenance, etc.)?

Are there potential utility costs/savings?

Required signatures:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested by: Jane Vallely</td>
<td>3/1/2008</td>
<td>7211</td>
</tr>
</tbody>
</table>

Dean: _____________________________________________________________

Vice President: ______________________________________________________

Director of Facilities: _________________________________________________

Vice Chancellor: _____________________________________________________

Endorsed by the Board of Trustees:

Date:

Item #: 