

If you are using a Mac computer to fill out the PDF forms, please make sure you are not on "Apple Preview" mode because the data entered in the form fields will not show when the documents are printed.

INSTRUCTIONAL EQUIPMENT REQUEST 2021-2022



Internal Use
IE #: 2022 - <u>11</u>
Total \$: <u>7,460.59</u>

LPC ADMINISTRATIVE SERVICES - REQUISITION INFORMATION PAGE

Requester Name: _____ **Division Name:** _____

Equipment Name: _____

The Equipment is: A Replacement An Upgrade New Equipment/Technology

SECTION 1: EQUIPMENT DESCRIPTION

Describe the specific equipment requested and how it will be used to replace, upgrade or provide new technology to LPC from what is currently in place:

Equipment Location Building: _____ **Room:** _____

Location Comments:

SECTION 1: EQUIPMENT DESCRIPTION (continued)

If applicable, describe the legal requirement, mandate, or safety concern for purchase of this equipment, making specific reference to the legal requirement or regulation:

SECTION 2: LPC MISSION STATEMENT AND LPC PLANNING PRIORITIES

LPC MISSION STATEMENT:

Las Positas College provides an inclusive, learning-centered, equity-focused environment that offers educational opportunities and support for completion of students' transfer, degree, and career-technical goals while promoting life-long learning.

LPC PLANNING PRIORITIES:

- ❖ Implement the integration of all ACCJC standards throughout campus structure and processes.
- ❖ Establish a knowledge base and an appreciation for equity; create a sense of urgency about moving toward equity; institutionalize equity in decision-making, assessment, and accountability; and build capacity to resolve inequities.
- ❖ Increase student success and completion through change in college practices and processes: coordinating needed academic support, removing barriers, and supporting focused professional development across the campus.

Specify how the equipment supports *LPC's Mission Statement and Planning Priorities*:

SECTION 3: EDUCATIONAL ITEMS – PROGRAM REVIEW

Specify the educational programs this equipment supports:

Will this equipment be a part of your upcoming Program Review or was it included last year? Please explain using the exact words from your Program Review. If not, explain why.

SECTION 4: TEACHING AND LEARNING

In detail describe evidence and data that equipment provides much needed benefit and enhancement to teaching beyond current capabilities.

Describe in detail the impact this equipment will have on learning:

Each academic year, this equipment will impact: ____ # of classes/sections ____ # of students

SECTION 5: OUTCOMES (SLOs)

Using your documented SLOs, specify how the equipment will enable student learning outcomes to be achieved beyond current capability.

SECTION 6: TOTAL COST OF OWNERSHIP (FINANCIAL & SUSTAINABILITY)

What is the potential life span of the requested equipment?

If new storage is needed what are the storage requirements, location requirements, and costs associated with the new equipment: (NOTE: Specific storage costs should be detailed in the “Part A: Initial Start-up Costs” section below.)

If this equipment replaces old equipment but the old equipment will not be retired, are there on-going storage requirements, location requirements, and costs associated with the old equipment? If so, provide details.

What will be required to maintain the equipment, such as regular servicing or upkeep? (Specific on-going costs should be detailed in the “Part B: On-Going Annual Operating Costs” sections below as applicable.)

Explain how this equipment meets or exceeds basic sustainability efforts and/or provides renewable resources to the college:

Part A: Initial Start-up Costs

<u>Item</u>	<u>Cost</u>	<u>Comments</u>
Equipment or Materials		
Taxes (9.5%)		
Shipping or Delivery Charge		
Installation Costs *		
Miscellaneous Costs:		
Facilities Modifications		
Operator Training		
Maintenance & Repair Training		
Storage		
Other: _____		
Vendor Discount		
Grand Total:		

Part B: On-Going Annual Operating Costs

<u>Item</u>	<u>Cost</u>	<u>Comments</u>
Annual Service or Maintenance		
Estimated Parts Replacement Per Year		
Outside Standardization or Calibration Costs		
Storage Costs		
New Supply Costs		
Maintenance & Repair Labor		
Licensing or Software		
Other: _____		
Annual Operating Costs:		

Indicate the source of funding for on-going annual operating costs:

Part C: Incremental Labor Costs

OPERATOR:

Indicate the key operator: _____

Is the work in their current scope of duties? _____

What is the cost to train key operator? _____
(include \$\$ in the Initial Start-up Costs above)

Number of hours per month will the key operator use the equipment? _____

MAINTENANCE & REPAIRS

Indicate who will performing maintenance and repairs: _____

Is the work in their current scope of duties? _____

Indicate cost to train for maintenance and repairs? _____

Number of hours maintenance is required per month: _____

REMINDER

Instructional Equipment Requests submitted without a quote and requisition will be returned.
Shopping Carts are not considered quotes and will not be expected.

SIGNATURE APPROVALS and ROUTING

REQUESTER: 
DATE:

DIVISION DEAN/MANAGER: *Stuart McElerry*
DATE:

**Click the Submit Button to Route
Signed Instructional Equipment Requests (IER) Directly to Admin Services**

Admin Services will coordinate review of all IER by IT and M&O and collect signatures

College Technical Services, Manager:
Date:

M&O Director:
Date:

VP Academic Services:
Date:

VP Administrative Services:
Date:



Office of Administrative Services

(Wait 5-10s)

Requisition Request Form

R _____ - _____

Fiscal Year		Vendor ID #	Vendor Name			Date Required
Deliver To		Room #	Return Copy of Requisition To			
Seq	Item #	Description	Qty	Unit Price	Extended Cost	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
Comments				Subtotal		
				Tax		
				Shipping		
				Total Cost		
FOAP to be Charged			%	Amount		
	-	-	-			
FUND	ORG	ACCOUNT	PROGRAM			
	-	-	-			
FUND	ORG	ACCOUNT	PROGRAM			

Requestor (print name) _____ Date _____ Dean (signature) *Stuart McElerry* Date _____

Coordinator/Manager (signature) _____ Date _____ Vice President (signature) _____ Date _____

OFFICE OF ADMINISTRATIVE SERVICES USE ONLY

Reviewed: _____ Verified: _____ Approved: _____
Administrative Services Administrative Services Officer VP, Administrative Services

PO Number: _____ Budget Transfer #: _____ Entered: _____

TR 4/6/20

The NitroFill E-170 is the standard against which all other automotive nitrogen generation systems are measured. With more units in service than most other models and manufacturers combined, the NitroFill E-170 has earned a reputation for unrivaled performance and durability... and now it's even better.

We have made the fastest, most efficient and easiest to use system on the planet even faster, more efficient and easier to use by upgrading our patented design and technology to provide quicker conversions and an amazing 13.5 cfm output!



FEATURES

- Converts up to 6 tires to NitroFill simultaneously at the touch of a button. **
- Complete, Turn-Key, fully assembled system, nothing else to buy.
- Fully automated, fully programmable, micro-processor controlled conversion system.
- Advanced Mode Options including; "Auto-On," "Auto-Off," "Over-Pressure," and more.
- Comprehensive error reporting and self-diagnostic features.
- Large back-lit LCD display with audio and visual signals.
- Advanced PSA design generation system.
- Twin, exterior mounted high performance inlet air filters.
- Instant and uninterrupted flow with guaranteed purity up to 99.9%.
- One size fits all design. "Best in Class" 13.5 cfm output and optional storage tank make the E-170 a fit for almost any size automotive service facility.
- 5 year warranty*

*See your NitroFill Distributor or visit www.nitrofillnow.com for details.

**Includes 4 Tire Service hoses.

GENERAL SPECIFICATIONS

Power Requirement.....100-120Vac 50/60Hz
 Operating Temperature.....-4°F to 158°F
 Compressed Air Input Range.....100-200psi
 Compressed Air Quality.....0.01ppm
 Nitrogen Purity.....95-99+% (Adjustable)
 Nitrogen Output.....13.5 CFM rated at 160psi, 80°F
 Maximum Nitrogen
 Pressure in Tank.....145-174psi

Operating Range.....5-162psi
 Recommended Inlet
 Supply Pressure.....44psi above the maximum
 set pressure of the unit
 Accuracy.....+/-1 psi
 Display Increments.....1 psi
 Units of Measurement.....psi, kPa, bar
 Shipping Weight.....465 Pounds
 Dimensions (Container).....57"H x 28.5"W x 26"D
 Dimensions (Unit).....52"H x 28"W x 24"D



Purchase Order

NitroFill, LLC

1520 S. Powerline Road Suite G
 Deerfield Beach, FL 33442
 Phone: (877) 2GO-FILL Fax: (954) 970-1695
 Phone: (954) 970-1691

Today's Date: 1/12/2022
 Requested Ship Date:
 Launch Date:

Sold To:
Las Positas College
3000 Campus Hill Drive
Livermore, CA 94551

Ship To:
Same

Comments or Special Instructions:

P.O. #	Sales Person	Delivery Contact	Delivery Dept	Phone # / Fax #	Terms
	Conrad Scarry cscarry@nitrofill.com	Brian Hagopian agopian@laspositascollege.edu			
Qty	Description	Part #	Unit Price	Amount	
1	E170 - Portable All-in-one Generator/Inflator	E170	6,040.00	\$	6,040.00
	Additional Equipment	#N/A		\$	-
	Cap Kits	#N/A		\$	-
	Additional Cap Kits	#N/A		\$	-
	Bulk Caps	#N/A		\$	-
	Additional Bulk Caps	#N/A		\$	-
	Marketing Material	#N/A		\$	-
	Additional Marketing Material	#N/A		\$	-
	Parts	#N/A		\$	-
	Additional Parts	#N/A		\$	-
				\$	-
				\$	-
				\$	-
				\$	-

CREDIT CARD: VISA / MC / Amex

Acct #:	
Exp Date:	
Code:	
Name:	
Billing Zip:	

Subtotal:	\$	6,040.00
FL Sales Tax:		
Shipping:	\$	801.49
TOTAL:	\$	6,841.49

Signature of Acceptance _____
 Please Print Name and Title _____

Make all checks payable to NitroFill, LLC



Packing Slip

NitroFill, LLC

1520 S. Powerline Road Suite G

Deerfield Beach, FL 33442

Phone: (877) 2GO-FILL Fax: (954) 970-1695

Phone: (954) 970-1691

Date:

Sold To:
Las Positas College
3000 Campus Hill Drive
Livermore, CA 94551

Ship To:	
Same	
Delivery Contact	Delivery Dept.
Brian Hagopian	

P.O. #	Delivery Contact	Delivery Dept.	Phone #	Fax #
	Brian Hagopian			
Part #	Description	Order Qty	Ship Qty	
E170	E170 - Portable All-in-one Generator/Inflator	1		
#N/A	Additional Equipment			
#N/A	Cap Kits			
#N/A	Additional Cap Kits			
#N/A	Bulk Caps			
#N/A	Additional Bulk Caps			
#N/A	Marketing Material			
#N/A	Additional Marketing Material			
#N/A	Parts			
#N/A	Additional Parts			

Comments:

If you have any questions or concerns, please contact Shipping Department
(954) 970-1691 - (877) 246-3455

Thank You For Your Business!