

Request for Use of Autonomous Technology Devices at Purdue Facilities

USE: Research _____ Commercial _____ Personal _____

Principal Investigator (if research use): _____

Contact Name (if commercial or personal use): _____

Email: _____ Phone: _____

1. Name and purpose of autonomous technology device you wish to deploy on campus:

2. How will use or application contribute to University mission:

3. Benefits to the campus community:

4. Risks to the campus community:

5. Specific location(s) of deployment:

6. Time(s) of day for deployment: _____

7. Maximum speed of the device: _____

8. Description of load carried:

9. Number of devices to be deployed: _____

10. Requested timeline for testing and/or deployment: _____

11. Fuel source: _____

12. Weight and size of the device: _____

13. Location for storage/charging/fueling when not in use:

Additional information may be requested during the review process. Please submit the completed form to the Office of Risk Management not less than 30 days prior to intended deployment. Questions? Contact the Office of Risk Management at 765-49-41690

Submit to RiskMgmt@purdue.edu with a copy to ehps@purdue.edu