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| Letzte Überarbeitung am |  | von |  |  |

Graue Felder werden von BLM ausgefüllt

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| Raum | | | | | | | | | | | |
| Gebäudenummer |  | |  | | | | Raumnummer | |  | |  |
| Nutzung | bitte wählen | | | |  |  | lichte Höhe |  | | m | |
| Raumfläche |  | m² | | Fensterfläche |  | m² | Fensteranzahl |  | |  | |

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| Arbeitsplätze (bei Seminarräumen Anzahl der Teilnehmer) | | | | | |
| Mitarbeiter |  |  | Häufigkeit |  | Stunden pro Woche |
| Studierende |  |  | Häufigkeit |  | Stunden pro Woche |

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| Besondere Anforderungen und Verbindungen zu anderen Räumen | |
| Barrierefreiheit erforderlich |  |
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| Boden | | | | |  | | | | | | |  |
| Grundreinigung |  | | | | Erneuerung | | | | |  | | | |
| Bodenbelag |  | | | |  | | | | | | | |
| Bodenlast |  | kg / m² | | Rutschfestigkeit | | |  | |  | | | |
| Abwaschbar |  | | Desinfektionsbeständig | | |  | | Chemikalienbeständig | | |  | |
| Reinraumtauglich |  | | Antistatisch  Ableitwiderstand 106 – 108 Ω | | |  | | Leitfähig  Ableitwiderstand 104 – 106 Ω | | |  | |
| Bemerkungen / besondere Anforderungen: | | | | | | | | | | | | |
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| Wand | | |  | | | |  |
| Wandbeschichtung |  | |  |  |  | |  |
| Abwaschbar |  | Desinfektionsbeständig | |  | Chemikalienbeständig |  | |
| Reinraumtauglich |  | Schallschutz | |  | | | |
| Bemerkungen / besondere Anforderungen: | | | | | | | |
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| Decke | | |  | | | | |  |
| Abwaschbar |  | Desinfektionsbeständig | |  | Chemikalienbeständig | |  | |
| Reinraumtauglich |  | Schallschutz | |  |  |  |  | |
| Bemerkungen / besondere Anforderungen: | | | | | | | | |
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| Tür | | | | |  | | |  |
| Sichtfenster (verdunkelbar) | | | () |  | Schleusenfunktion | |  | |
| lichte Breite |  | m | | | lichte Höhe |  | m | |
| Bemerkungen / besondere Anforderungen: | | | | | | | | |
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| Fenster | |  | | |  |
| Außenliegender Sonnenschutz |  | | Innenliegender Blendschutz |  | |
| Verdunklung |  | | Vollverdunklung |  | |
| Bemerkungen / besondere Anforderungen: | | | | | |
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| Beleuchtung | |  |  |
| *Standard: 500 lx Weißlicht auf allen Arbeitsflächen, unten nur ausfüllen, bei Sonderanforderungen* | | | |
| Bemerkungen / besondere Anforderungen: | Sicherheitsbeleuchtung | |  |
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| Elektroanschluss | | | | |  | | | | | | | | | |  | |
| **230 V / 16 A** | | Anzahl | | |  |  | Anschluss für Potentialausgleich | | |  | | Notaus | |  | |
|  |  | |  |  |  | | |  |  | | | | | | | | |
| **400 V / 16 A** | | Anzahl | | |  |  | Anschluss für Potentialausgleich | | |  | | Notaus | |  | |
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| **400 V / 32 A** | | Anzahl | | |  |  | Anschluss für Potentialausgleich | | |  | | Notaus | |  | |
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| Bemerkungen / besondere Anforderungen: | | | | | | | | | | | | | | | |
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| Datendosen | | | |  | | |  |
| *Die standardmäßig bereitgestellte Bandbreite beträgt 1 Gbit/s.* | | | | | | | |
| Anzahl Ports |  |  |  | |  |  | |
| Bemerkungen / besondere Anforderungen: | | | | | | | |
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| Weiterleitung Nutzerstörmeldung | | | |  | | |  |
| *Die standardmäßig bereitgestellte Bandbreite beträgt 1 Gbit/s.* | | | | | | | |
| Anschlussart |  |  | Anzahl | |  |  | |
| Bemerkungen / besondere Anforderungen: | | | | | | | |
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| Klimatisierung | | | | | |  | | | |  |
| *Klimatisierung wird nur bei besonderen Anforderungen der Arbeiten umgesetzt. Eine Begründung muss unter Bemerkungen ausgefüllt werden.* | | | | | | | | | | |
| Temperatur | | | | | | | | | | |
| Wert |  | °C | Differenz |  | K | | | Reinheit / Filterstufe |  | |
|  | | | | | | | | | | |
| Relative Feuchte | | | | | | | | | | |
| Min |  | % | Max |  | % | | | | | |
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| Techn. Lüftung | |  | Luftwechselrate | |  | | m³/ (m² x h) |  | | |
| Bemerkungen / besondere Anforderungen: | | | | | | | | | | |
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| Abluft | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| **Laborabzug (Digestorium)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anzahl | | |  | | |  | | | | Breite | | |  | | m | | | | | | | | | | | | | |
| Medien im Abzug | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| **Abgesaugte Sicherheitsschränke für** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lösemittel | |  | | | Liter | | | Säure | | | |  | | Liter | | | Lauge | |  | Liter | | | Gifte |  | Liter | | |
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| **Punktabsaugung / Lötabsaugung / Schnüffelabluft** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anzahl |  | | |  | | | korrosiv | | | |  | | strahlenbelastet | | | | | |  | |  | | | | |  | |
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| **Geräteabluft** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anzahl |  | | |  | | | | | | | | | Luftmenge | | | | |  | | | | m³ / h | | | | | |
| korrosiv |  | | | strahlenbelastet | | | | | | |  | | zugentlastet | | | | | |  | |  | | | | |  | |
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| Bemerkungen / besondere Anforderungen: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Medienversorgung | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | |
| **Wasserversorgung** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anzahl an Spülbecken | | | | |  | | | |  | | | VE-Wasser | | | | |  | | | | | | | | | | |
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| **Geräteanschlüsse** | | | | |  | | | |  | | | VE-Wasser | | | | |  | | | | | | | | | | |
| Wasserdruck | |  | | bar | | | | | | Verbrauch (Ø / max.) | | | | | |  | | | | / | |  | | m³ / h | | | |
| Geräteanschluss Abwasser | | | | | | |  | | | | | Belastetes Abwasser | | | | | | | | |  | | | | | | |
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| **Kühlwasser** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anschlussanzahl | |  |  | | | Leistung pro Anschluss | | | | | | | | |  | | | kW | | | | | Verbrauch | |  | m³ / h | |
| Temperatur Vorlauf | | | |  | | | | °C | | | | | | | Temperatur Rücklauf | | | | | | | | | |  | °C | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Druckluft** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anzahl |  | | |  | | Druck | | | | |  | | bar | | | | | | Menge | | | | | |  | m³ / h | |
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| Bemerkungen / besondere Anforderungen: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nutzeraufgaben | |  | |  |
| Freiräumen |  | verantwortlicher Nutzer |  | |
| Umzug & Entsorgung  (Ansprechpartner Möbellager: Hartmut.Langer@uni-mainz.de) |  | verantwortlicher Nutzer |  | |
| Entsorgung Sonderabfälle |  | verantwortlicher Nutzer |  | |
| EDV Auf- und Abbau  (für Zentrale Verwaltung: hotline@uni-mainz.de) |  | verantwortlicher Nutzer |  | |
| Installation Medientechnik  (notwendige Anschlüsse und Festeinbauten bei Raumanforderungen benennen) |  | verantwortlicher Nutzer |  | |
| Bestellung Schließsystem |  | verantwortlicher Nutzer |  | |
| Weiteres: | | | | |
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| GenTSV | |  | |  | |
| S1 |  | S2 |  |  | |
| Bemerkungen / besondere Anforderungen: | | | | |
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| Biostoffverordnung | |  | |  | |
| S1 |  | S2 |  |  | |
| Bemerkungen / besondere Anforderungen: | | | | |
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| Strahlenschutz |  |  | |
| Isotopenlist und Umgangsmengen / Bemerkungen / besondere Anforderungen: | | |
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| Laserschutz | | | | Umbau notwendig | | | | |  | |
| Laserklasse |  | Offener/geschlossener Laser | | | / | Tür mit Interlock | |  | | |
| Wellenlänge |  | nm |  | Leistung | |  | kW | | | |
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| Bemerkungen / besondere Anforderungen: | | | | | | | | | |
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| Sonderabfall | | | | | |
| Biologisch |  |  | Menge |  | kg/Woche |
| Radioaktiv |  |  | Menge |  | kg/Woche |
| Säure / Lauge |  |  | Menge |  | kg/Woche |
| Lösemittel |  |  | Menge |  | kg/Woche |
| Feststoffe |  |  | Menge |  | kg/Woche |

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| Arbeiten im Raum |
| *Eine detaillierte Beschreibung aller im Raum stattfinden Arbeiten ist notwendig zur Beurteilung durch den Arbeitsschutz und zur Festlegung der sicherheitstechnischen Einbauten* |
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| Mechanische Gefährdungen (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | | |
| **Auftretende Gefährdungen** | | | | | | | **Maßnahme** | | | | | | | | | | |
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| Elektrische Gefährdungen (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | | |
| **Auftretende Gefährdungen** | | | | | | | **Maßnahme** | | | | | | | | | | |
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| Gefährdungen durch Gefahrstoffe (Bei Bedarf bitte weitere Zeilen einfügen, siehe auch Chemikalienliste und technische Gase) | | | | | | | | | | | | | | | | | |
| Handwaschbecken | |  | | | Augennotdusche | | |  | | | | | Körpernotdusche |  | | | |
| Desinfektionsmittelspender | |  | | |  | | |  | | | | |  |  | | | |
| **Auftretende Gefährdungen** | | | | | | | | | | **Maßnahme** | | | | | | | |
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| Brand, Explosion, Implosion (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | | |
| Feuerlöscher 5kg Pulver |  | | |  | | Feuerlöscher 5 kg CO2 | | |  | |  | Feuerlöscher Schaum | | |  |  | |
| Automatischer Brandmelder | | |  | | |  | | |  | | |  | | |  | | |
| **Auftretende Gefährdungen** | | | | | | | | | **Maßnahme** | | | | | | | | |
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| Thermische Gefährdungen (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | |
| **Auftretende Gefährdungen** | | | | | | | **Maßnahme** | | | | | | | | | |
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| Biologische Gefährdungen (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | |
| Handwaschbecken | |  | | | Augennotdusche | | |  | | | | | Körpernotdusche |  | | | |
| Desinfektionsmittelspender | |  | | |  | | |  | | | | |  |  | | | |
| **Auftretende Gefährdungen** | | | | | | | **Maßnahme** | | | | | | | | | |
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| Physikalische Gefährdungen (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | |
| **Auftretende Gefährdungen** | | | | | | | **Maßnahme** | | | | | | | | | |
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| Gefährdungen durch Arbeitsmittel (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | |
| **Auftretende Gefährdungen** | | | | | | | **Maßnahme** | | | | | | | | | |
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| Gefährdungen durch schwere Lasten (Bei Bedarf bitte weitere Zeilen einfügen) | | | | | | | | | | | | | | | | |
| **Auftretende Gefährdungen** | | | | | | | **Maßnahme** | | | | | | | | | |
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| Art | Produktname | Hersteller | Anzahl | Breite | Tiefe | Höhe | Gewicht | Lärm-pegel | Elektr. Leistung | Wärme-last | Betriebsdauer | Gefahren und notwendige Maßnahmen, Bemerkungen |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | [m] | [m] | [m] | [kg] | [dB(A)] | [kW] | [kW] | [Stunden / Tag] |  |
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*Bitte alle notwendigen Festeinbauten (z.B. feste Bestuhlung oder Laborbänke) und Nutzergeräte mit besonderen Anforderungen (z.B. große Geräte, hohe el. Leistung, notwendige Absaugung) in die Tabelle eintragen.*

*Bitte Datenblätter der Geräte mit dem digitalen Versand des Projektantrag versenden.*

| Name | Reinheit | Anzahl  Entnahmestellen | Durchfluss-menge | Entnahme-druck | Flaschen-größe | Flaschen-druck | Füllstands-überwachung | Automatische Umschaltung | Bemerkungen |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Name | Gebinde-größe  (mit Einheit) | Gebinde-anzahl | CAS-Nummer | GHS  Einstufung | WGK | Bemerkungen |
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