

## Request Form for Using Honeywell Remote Monitoring System

Fill the form and click on Submit to send the form to [xin.zhao@utoronto.ca](mailto:xin.zhao@utoronto.ca)

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### Applicant Information

Principal Investigator Name

Department

Email

Fund Numbers CC

CFC

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### Equipment Information

Name

Manufacturer

Model

Serial Number

Location Building

Room Number

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### Preferred Alarm Settings (Enter the data appropriate to your equipment.)

Temperature High Limit °C

Low Limit °C

Relative Humidity High Limit %

Low Limit %

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### Alarm Recipient Information (Alarm messages will be sent to your email box.)

1. Name

Email

Emergency Phone Number

*Do you like to have access to the alarm system to view equipment status?*

Yes Provide UTORid

No

2. Name

Email

Emergency Phone Number

*Do you like to have access to the alarm system to view equipment status?*

Yes Provide UTORid

No

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Application Date

OVPR USE ONLY Approval Date

Signature