COMPASS EQUIPMENT DATA FORM for CHILLED DRINKING FOUNTAIN
Data entry completed __________
Data entry by ________________

COMPASS Equipment Number ______________________ (To be provided by U of M Planner)

Above section for University of Minnesota use only

All fields below this line to be completed by knowledgeable equipment supplier, contractor, architect, engineer or FM Maintenance staff and returned to the designated University of MN Project Manager or FM Planner

Architecture Eqpt No: ______________________ (from construction drawings)

Manufacturer: Mfr Name ______________________

Model No. __________________ Serial No. __________________

Location: Building ____________________________

Floor ______ Room # __________

Equipment Serves (Identify building area(s) i.e. floors or rooms, and interlocked equipment)
______________________________________________________________________________
______________________________________________________________________________

Warranty Information:
Vendor ______________________________________

Warranty Start Date __________________ Warranty Expiration Date __________________

Vendor Contact:
Name ____________________________ Phone ______________________

Form Completed by:
Name ____________________________ Phone ______________________

Company __________________________________ Date ________________