COMPASS EQUIPMENT DATA FORM for WATER PURIFIER

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

**Type:**
- [ ] Deionizer
- [ ] Distilled
- [ ] Reverse Osmosis
- [ ] Water Softener
- [ ] Other (specify) ________________

**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 ____________________________

**EQUIPMENT SPECIFICATIONS**

**Form Completed by:**

Name ____________________________ Phone ____________________________

Company ____________________________ Date ____________________________

File Date: 1/25/2011