COMPASS EQUIPMENT DATA FORM for STEAM PRESSURE REDUCING STATION
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 Eqnt 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

1 # of Relief Valves on station ____________________
2 Unit Inlet PSI ____________________
3 Unit Outlet PSI ____________________
4 # of PRV Valves on station ____________________
4 Also Fill out STEAM PRESSURE REDUCING VALVE

Form Completed by:
Name ____________________ Phone ____________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\HVAC Heating Systems\STEAM PRESSURE REDUCING STATION EDF.doc
File Date: 4/1/2013