

UMN-TC EQUIPMENT DATA FORM for

Air Compressor

Data entry completed _____
Data entry by _____

Asset Number _____ (To be provided by U of M Planner)

Above section for UMN-TC 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: _____ Reciprocating _____ Screw _____ Rotary
System: _____ Control Air _____ Dry Fire Suppression Air _____ Building Air _____ Laboratory Air

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

LINE	SPEC	TYPE	DATA
1	Unit oil,	Yes or No	_____
2	Unit direct or	Belt	_____
3	If Belt:	Qty & Size(s)	_____
4	Motor HP >	1 HP	_____
5	Motor Nominal	Efficiency	_____
6	Air Dryer	Mfg.	_____
7	Air Dryer Type,	Refrigerant / Desiccant/No dryer	_____
8	Unit Refrigerant	Weight	_____
9	Unit Refrigerant	Type	_____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____