COMPASS EQUIPMENT DATA FORM for AUTOCLAVE
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 ___________________