

COMPASS EQUIPMENT DATA FORM for

Disability Bench Lift

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 _____

EQUIPMENT SPECIFICATIONS

LINE	SPEC_TYPE	DATA
1	Power Type (motor or manual)	_____
2	Unit Capacity	_____
3	Motor Lube	_____
4	Electrical: Plug-in or hard-wired?	_____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____