COMPASS EQUIPMENT DATA FORM for DRYERS (CLOTH, GLASS, ETC)

COMPASS Equipment Number ______________________ (To be provided by U of M Planner)

Above section for University of Minnesota use only

Data entry completed __________
Data entry by _________________

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: _____ Clothes _____ Glass _____ 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 __________________

Form Completed by:
Name ___________________________ Phone __________________

Company _________________________ Date ________________