

# COMPASS EQUIPMENT DATA FORM for

# EYE WASH AND EMERGENCY SHOWER

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

Type: \_\_\_\_\_ Combo (Eyewash & Shower) \_\_\_\_\_ Shower \_\_\_\_\_ Eyewash

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	EYEWASH, SHOWER OR COMBO	_____
2	SHUT OFF VALVE: YES OR NO	_____
3	DRAIN: YES OR NO	_____

### Form Completed by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_