COMPASS EQUIPMENT DATA FORM for DIRECT DIGITAL CONTROL
(ONE FORM PER BUILDING)
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 ____________________________