

COMPASS EQUIPMENT DATA FORM for

HANDICAP ELEVATOR

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: _____ Pool _____ Disability Lift

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

<u>LINE</u>	<u>SPEC TYPE</u>	<u>SPEC TEXT</u>
1	ELEVATOR TYPE	
2	BUILDING NAME	
3	MACHINE ROOM NO	
4	CONTROLLER	

5	RELAY TYPE/MICROPR
6	UNIT HP
7	UNIT VOLTS
8	UNIT PHASE
9	MOTOR DATA
10	MOTOR MFG
11	MOTOR MODEL NO
13	MOTOR SERIAL NO
14	MOTOR HP
15	PUMP MODEL NO
16	MOTOR VOLTS
17	PUMP CNTRL VALVE MODEL
19	MOTOR PHASE
21	M/G SET
23	M/G MFG
25	M/G MODEL NO
26	M/G SERIAL NO
27	M/G HP
28	M/G VOLTS
29	M/G PHASE

Form Completed by:

Name _____ Phone _____

Company _____ Date _____