

COMPASS EQUIPMENT DATA FORM for

Emergency Electrical Generator

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	UNIT PHASE	_____
2	UNIT FREQUENCY	_____
3	UNIT OUTPUT VOLTAGE	_____
4	UNIT FULL LOAD AMPS	_____
5	UNIT KW STANDBY	_____
6	UNIT KW CONTINUOUS	_____
7	UNIT KVA STANDBY	_____
8	UNIT KVA CONTINUOUS	_____
9	UNIT POWER FACTOR	_____
10	UNIT RPM	_____
11	ENGINE MFG	_____
12	ENGINE MODEL NO	_____
13	ENGINE SERIAL NO	_____
14	ENGINE COOLING SYS TYPE	_____
15	ENGINE HP RATING	_____

- 16 ENGINE FUEL TYPE _____
- 17 ENGINE FUEL FILTER _____
- 18 DAY TANK HOLDS GALLON _____
- 19 REMOTE TANK HOLDS GALLON _____
- 20 REMOTE RADIATOR MFG _____
- 21 FUEL PUMP MFG _____
- 22 COOLING SYS PUMP DATA _____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____