COMPASS EQUIPMENT DATA FORM for MOTOR CONTROL CENTER
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

Form Completed by:
Name _____________________________ Phone __________________

Company ___________________________ Date ________________