COMPASS EQUIPMENT DATA FORM for STAND PIPE & HOSE SYSTEMS

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 _______________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Fire Protection Systems\STAND PIPE HOSE SYSTEM EDF.docx
File Date: 12/21/2010