

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: _____ **Field erected or free-standing > 2kVA** _____ **Rack mounted <2kVA**

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	Battery Qty	_____
2	Battery Type/Size	_____
3	Self Diagnostics? Y/N	_____

Note to Planner/Scheduler: > 2kVA = Level I PM Group
< 2kVA = Level II PM Group

Form Completed by:

Name _____ Phone _____

Company _____ Date _____