

COMPASS EQUIPMENT DATA FORM for

METERS

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: Blow Down Chilled Water Condensate Electric Irrigation
 Make-Up Water Steam

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 TYPE	_____
2	UNIT SIZE	_____
3	UNIT MULTIPLIER	_____
4	UNIT COUNTER	_____
5	# DIGITS LEFT OF DECIMAL	_____
6	UNIT OF MEASURE	_____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____