COMPASS EQUIPMENT DATA FORM for Cooling Pumps

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:**
- Chilled Water
- Circulating
- Condenser Water
- Glycol

**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 ______________________

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**EQUIPMENT SPECIFICATIONS**

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor HP &gt; 1 HP</td>
<td>________________________________</td>
</tr>
<tr>
<td>2</td>
<td>Motor Nominal Efficiency &gt;1 HP</td>
<td>________________________________</td>
</tr>
<tr>
<td>3</td>
<td>Pump Lube, Sealed/ Grease / Oil</td>
<td>________________________________</td>
</tr>
<tr>
<td>4</td>
<td>Motor Lube, Sealed/ Grease / Oil</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

**Form Completed by:**

Name ________________________________ Phone ______________________

Company _____________________________ Date ______________________

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