COMPASS EQUIPMENT DATA FORM for STEAM PRESSURE REDUCING STATION

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

1 # of Relief Valves on station ______________________________
2 Unit Inlet PSI ______________________________
3 Unit Outlet PSI ______________________________
4 # of PRV Valves on station ______________________________
4 Also Fill out STEAM PRESSURE REDUCING VALVE

Form Completed by:
Name __________________________ Phone __________________