COMPASS EQUIPMENT DATA FORM for SWITCH GEAR

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 ______________________

Company ___________________________ Date ______________________