COMPASS EQUIPMENT DATA FORM for

Custodial Equipment
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: _____Auto Scrubber _____Buffer _____Burnisher _____Carpet Extractor
_____Presser _____Sprayer _____Sweeper _____Vacuum _____Other

Architecture Eqpt No: ____________________ (from construction drawings)

Manufacturer: Mfr Name _________________________________

Model & Model No. _________________________________ Serial No. _________________________________

Location: Building _________________________________

Floor __________________ Room # ____________________

Equipment Serves (Identify building area(s) i.e. floors or rooms, and interlocked equipment)
Additional location, like by room___________________________________________________________

Warranty Information:

Vendor ________________________________________________

Warranty Start Date ____________________ Warranty Expiration Date ____________________

Vendor Contact:

Name __________________________________________ Phone ______________________________

EQUIPMENT SPECIFICATIONS

LINE SPEC_TYPE DATA
1 Inventory Services # (White Label) ________________________________
2 PRQ number ________________________________

Form Completed by:

Name ________________________________ Phone ________________________________

Company ________________________________ Date ________________________________