COMPASS EQUIPMENT DATA FORM for

CO₂ DETECTOR

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 ________________

Form Completed by:
Name __________________________________________ Phone ________________
Company __________________________________________ Date ________________