COMPASS EQUIPMENT DATA FORM for VARIABLE AIR VOLUME BOX
(ONE FORM PER BUILDING)
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 __________________________