COMPASS EQUIPMENT DATA FORM for

COMPASS Equipment Number__________________________ (To be provided by U of M Planner)

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_____________________

File Date: 1/25/2011