COMPASS EQUIPMENT DATA FORM for FUME HOOD

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 __________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\HVAC Air Distribution Systems\FUME HOOD
File Date: 12/21/2010