COMPASS EQUIPMENT DATA FORM for VARIABLE FREQUENCY DRIVE
(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

LINE SPEC_TYPE DATA
1 Unit HP > 1HP ________________________________
2 Unit Voltage ________________________________

Form Completed by:
Name ________________________________ Phone __________________

Company _____________________________ Date __________________