COMPASS EQUIPMENT DATA FORM for Process Cooling Pumps
Data entry Cooling Pumps
Data entry by _________________

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

**Type:** _____ Chilled water _____ Condenser water

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

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor HP &gt; 1HP</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Motor Nominal Efficiency &gt;1 HP</td>
<td>____________________________</td>
</tr>
<tr>
<td>3</td>
<td>Pump Lube, Sealed/ Grease / Oil</td>
<td>____________________________</td>
</tr>
<tr>
<td>4</td>
<td>Motor Lube, Sealed/ Grease / Oil</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ___________________________ Phone ___________________________

Company ___________________________ Phone ___________________________

Date ___________________________