## COMPASS EQUIPMENT DATA FORM for RELIEF VALVES

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**

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
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<tbody>
<tr>
<td>1</td>
<td>Unit Setting/PSI</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Inlet Size/Inch</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unit Outlet Size/Inch</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unit LBS/HR</td>
<td></td>
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</tbody>
</table>

Form Completed by:

Name ____________________ Phone ____________________

Company ____________________ Phone ____________________ Date ____________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\U of M Energy Management use ONLY\VALVE RELIEF EDF.doc

File Date: 12/21/2010