COMPASS EQUIPMENT DATA FORM for

SWITCH STATION
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

Form Completed by:
Name ____________________________________________ Phone __________________
Company ________________________________________ Date ________________