COMPASS EQUIPMENT DATA FORM for WATER PURIFIER

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

**Type:**
- Deionizer
- Distilled
- Reverse Osmosis
- Water Softener
- Other (specify)____________________

**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** _________________