

SECTION A - GENERAL INFORMATION

GENERAL INFORMATION

BUILDING NAME: _____ PROJECT NAME: _____

GOC BUILDING NUMBER: _____ PROJECT NUMBER: _____

BUILDING ADDRESS: _____ PROJECT MGR: _____

☐ NEW EQUIPMENT

☐ DECOMMISSIONED EQUIPMENT

☐ REPLACED EQUIPMENT

☐ EQUIPMENT UPDATE

CRITICAL SPARES

☐ TENANT

SECTION B - EQUIPMENT INFORMATION

EQUIPMENT INFORMATION

SYSTEM (PLEASE CHECK THE BOX WHICH APPLIES)

05-Electrical Low Voltage	06-Electric High Voltage	10 - Electrical Auxiliary & Standby Power	15 - Control Monitoring System	20 - Heating	25 - Refrigeration	30 - Ventilation	40-Compress Air, Auxiliary & Process	50-Water Supply	55-Plumbing & Drainage
60 - Fire Protection	65 -Transportation Device	70 - Security	72 - Environmental	75 - Special Purpose	79 - Energy	80-Architectural Structural	85 - Grounds	90-Cafeteria (Excluding Refrigeration)	

BUILDING ITEM CODE ^ V) DESCRIPTION:

CLIENT LOCATION: _____ SPECIFIC LOCATION: _____

FIELD ITEM NUMBER: _____ BUILDING ITEM REPLACES: _____

MANUFACTURER: _____ MODEL NUMBER: _____

SERIAL NUMBER: _____ MODEL NAME: _____

PARENT ITEM#: _____

DATE OF INSTALLATION (YY/MM/DD): _____ PURCHASE PRICE (without GST): _____ PURCHASE DATE (YY/MM/DD): _____

SECTION C - SPECIFIC EQUIPMENT INFORMATION

SPECIFIC EQUIPMENT INFORMATION

ELECTRICAL VOLTS: _____ PHASE: _____ AMPS/FLA: _____ BTU/WATT: _____ HP/WATT: _____

MECHANICAL: C.F.M/G.P.M _____ Capacity _____ Belt Size _____ Quantity _____ Filter Size _____ Quantity _____ Type _____

RATED CAPACITY (kg): _____ REFRIGERANT TYPE: _____ COOLING CAPACITY (TONS): _____

FIRE SUPPRESSION: TYPE: _____ CAPACITY: _____ MANUFACTURER DATE: _____ (yy/mm/dd)

FUEL STORAGE TANK LOCATION: ___ OUTDOOR ABOVEGROUND ___ UNDERGROUND ___ INDOOR UNIT OF MEASURE (litres): _____

ENERGY SOURCE: ___ DIESEL FUEL ___ NATURAL GAS ___ OIL ___ PROPANE ___ ELECTRIC ___ STEAM ___ HOT WATER ___ COLD WATER

ENVIRONMENT DOCUMENTS ATTACHED: YES NO

SECTION D - WARRANTY

WARRANTY

WARRANTOR NAME: _____ WARRANTY START DATE (YY/MM/DD): _____

Maintained during Warranty by: Installer ☐

Parts Warranty Date : _____ (yy/mm/dd)

Maintained during Warranty by: Brookfield GIS ☐

Labour Warranty Date : (yy/mm/dd) _____

COMMENTS

COMMENTS

(yy/mm/dd)

PM SCHEDULING DETAILS

PM SCHEDULING DETAILS

MAINTAINABLE: YES ___ NO ___ ANNUAL NEXT DUE: _____ SERVICE PROVIDER/TECH NAME: _____

SPECIAL INSTRUCTIONS: _____

A) PLEASE SEND COMPLETED FORMS TO YOUR CMMS COORDINATOR FOR PROCESSING

B) PLACE COMPLETED FORM IN PROJECT O&M BINDER IF APPLICABLE