



SECTION A - GENERAL INFORMATION

<b>GENERAL INFORMATION</b>	BUILDING NAME: _____ PROJECT NAME: _____	
	GOC BUILDING NUMBER: _____ PROJECT NUMBER: _____	
	BUILDING ADDRESS: _____ PROJECT MGR: _____	
	<input type="checkbox"/> NEW EQUIPMENT	<input type="checkbox"/> DECOMMISSIONED EQUIPMENT
	<input type="checkbox"/> EQUIPMENT UPDATE	<input type="checkbox"/> TENANT

SECTION B - 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

<b>SPECIFIC EQUIPMENT INFORMATION</b>	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: _____ <span style="float: right;">(yy/mm/dd)</span>									
	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

<b>WARRANTY</b>	WARRANTOR NAME: _____					WARRANTY START DATE (YY/MM/DD): _____				
	Maintained during Warranty by: Installer <input type="checkbox"/>					Parts Warranty Date : _____ <span style="float: right;">(yy/mm/dd)</span>				
	Maintained during Warranty by: Brookfield GIS <input type="checkbox"/>					Labour Warranty Date : (yy/mm/dd) _____				

COMMENTS

<b>COMMENTS</b>	
	(yy/mm/dd)

PM SCHEDULING DETAILS

<b>PM SCHEDULING DETAILS</b>	(yy/mm/dd)									
	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