

SECTION A - GENERAL INFORMATION

GENERAL INFORMATION	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"/> REPLACED EQUIPMENT <input type="checkbox"/> EQUIPMENT UPDATE CRITICAL SPARES <input type="checkbox"/> TENANT

SECTION B - EQUIPMENT INFORMATION

SYSTEM (PLEASE CHECK THE BOX WHICH APPLIES)									
<input type="checkbox"/> 05-Electrical Low Voltage	<input type="checkbox"/> 06-Electric High Voltage	<input type="checkbox"/> 10 - Electrical Auxiliary & Standby Power	<input type="checkbox"/> 15 - Control Monitoring System	<input type="checkbox"/> 20 - Heating	<input type="checkbox"/> 25 - Refrigeration	<input type="checkbox"/> 30 - Ventilation	<input type="checkbox"/> 40-Compress Air, Auxiliary & Process	<input type="checkbox"/> 50-Water Supply	<input type="checkbox"/> 55-Plumbing & Drainage
<input type="checkbox"/> 60 - Fire Protection	<input type="checkbox"/> 65 -Transportation Device	<input type="checkbox"/> 70 - Security	<input type="checkbox"/> 72 - Environmental	<input type="checkbox"/> 75 - Special Purpose	<input type="checkbox"/> 79 - Energy	<input type="checkbox"/> 80-Architectural Structural	<input type="checkbox"/> 85 - Grounds	<input type="checkbox"/> 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 <input type="checkbox"/> Parts Warranty Date : _____ (yy/mm/dd)
	Maintained during Warranty by: Brookfield GIS <input type="checkbox"/> Labour Warranty Date : (yy/mm/dd) _____

COMMENTS

COMMENTS	_____
	_____ (yy/mm/dd)

PM SCHEDULING DETAILS

PM SCHEDULING DETAILS	MANTAINABLE: YES ___ NO ___ ANNUAL NEXT DUE: _____ SERVICE PROVIDER/TECH NAME: _____ (yy/mm/dd)
	SPECIAL INSTRUCTIONS: _____

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

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