

BGIS - Building Item Data Collection Form

GENERAL INFORMATION

ONLY EQUIPMENT THAT BGIS IS RESPONSIBLE TO PERFORM PLANNED MAINTENANCE SHOULD BE RECORDED

Submit Date (Sep 22, 2010): _____
 Client Account **: _____
 Client Building #: _____
 Building #: _____

Project #: _____
 Requester Name **: _____
 Requesters Phone #: _____
 Building Address: _____

All O&M Binders should be submitted to the FM. Pdf versions can be submitted with this form to be stored on the BLJC Portal

** denotes mandatory field

EQUIPMENT INFORMATION

Add Equipment
 Replace Old Equipment
 Update Equipment
 Inactivate Equipment (info retained)

Current Building Item ID# (if known): _____
 Building Item (Equip) Description **: _____
 Client Code Mandantory for Bell **: _____
 Specific Location of Equip **: _____
 What does this equipment service? (ex: Air Conditioning Unit serving LAN Room) _____

Criticality (1-Critical, 2-Minimal Impact, 3-Non-Critical): _____

System Type (2 digits): _____
 Building Item Type (3 digits): _____
 Client ID#: _____
 Manufacturer Name: _____
 Model: _____
 Serial #: _____

<p style="color: red; font-weight: bold; font-size: small;">Note: These fields are mandatory for all HVAC products containing refrigerant **</p>	Tonnage: _____
	Ref Capacity (kg): _____
	Refrigerant Type: _____
	ODP Tag #: _____
	ODP Tag Date: _____

WARRANTY INFORMATION

Warrantor Name: _____ Install Date: _____
 Warranty/Terms: _____ Warranty Expiry Date: _____
 Estimate Service Life (Years): _____

SPECIFIC EQUIPMENT INFORMATION

Volts: _____ Phase: _____ FLA: _____
 Filter Size (hxwxthk): _____ Belt Size: _____ HP/Watt: _____
 Filter Quantity: _____ Belt Quantity: _____ BTU/Watt: _____
 Energy Source:
 NATURAL GAS
 OIL
 PROPANE
 ELECTRIC

REQUESTER COMMENTS

PM SCHEDULING INFORMATION (Optional)

Please fill in date Annual should be performed in as well as any service provider if known. If assigned to tech services approval is required first.

Service Provider 1: _____ First Date: _____ Frequency: _____ ***
 Service Provider 2: _____ First Date: _____ Frequency: _____ ***
 Service Provider 3: _____ First Date: _____ Frequency: _____ ***

*** Available: Daily, Weekly, Bi-Weekly (every 2 wks), Monthly, Bi-Monthly (every 2 mos), Quarterly, Semi-Annual, Annual, 2 Year, 3 Year, 5 Year, 6 Year, 10 Year, 12 Year, 15 Year

Return all completed forms to either CMMS@BGIS.com