

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): _____

Project #: _____

Client Account: **: _____

Requester Name **: _____

Client Building #: _____

Requesters Phone #: _____

Building #: _____

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): _____

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

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) _____

System Type (2 digits): _____

Building Item Type (3 digits): _____

Client ID#: _____

Manufacturer Name: _____

Model: _____

Serial #: _____

Note: These fields are mandatory for all HVAC products containing refrigerant **

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 (hwxthk): _____ 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