

# Salt Lake Community College

## Facilities Services Division Equipment Identification Form

<b><u>EQUIPMENT ID INFORMATION</u></b>			
CRAFT:	DATE:	EMPLOYEE:	
DEVICE NAME:	SUB.DEVICE:		
SITE:	BLDG:	FLOOR:	ROOM:
PREVIOUS TAG:	NEW TAG:		

### **NAME PLATE/OPERATIONAL INFORMATION**

1. MANUFACTURER	2. PART#
3. MODEL#	4. SERIAL#
5. FILTER SIZE:	6. BELT SIZE:
7. VOLTAGE:	8. PHASE:
9. HP:	10. AMPERAGE:
11. RPM:	12. FRAME:
13. VENDOR:	14. COST:
15. WARRANTY: YES/NO	16. WARRANTY EXP:
17. INSTALL DATE:	18.
19.	20.
21.	22.
23.	24.

### **ADMINISTRATIVE INFORMATION**

#### **TO BE COMPLETED BY SUPERVISOR**

JOB PLAN	NEW PLAN: YES/NO
FREQUENCY: Y SA Q M W	START DATE: to
IF FREQUENCY IS WEEKS: 1 / 2 / 3 / 4 /	
SPECIAL CONDITIONS:	
SUPERVISOR SIGNATURE:	