

Equipment Identification Form

Equipment ID Information

Craft	
Date	
Employee	
Device Name	
Sub. Device	
Site	
Bldg.	
Floor	
Room	
Previous Tag	
New Tag	

Name Plate/Operational Information

Manufacturer	
Part #	
Model #	
Serial #	
Filter Size	
Belt Size	
Voltage	
Phase	
HP	
Amperage	
RPM	
Frame	
Vendor	
Cost	
Warranty	<input type="checkbox"/> Yes <input type="checkbox"/> No
Warranty Exp.	
Install Date	

To Be Completed by Supervisor

Administrative Information

Job Plan	
New Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Frequency	<input type="checkbox"/> Y <input type="checkbox"/> SA <input type="checkbox"/> Q <input type="checkbox"/> M <input type="checkbox"/> W
Start Date	
End Date	
Frequency in Weeks	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Special Conditions	
Supervisor Signature	