

FACILITIES & CAMPUS DEVELOPMENT - PROJECT SERVICES

EQUIPMENT IDENTIFICATION FORM

		Date Submitted (Y	(/M/D)	
Project Name		Project #		
PLEASE CONTACT THE FOLLOWING PROJECT PERSONN	EL FOR FURTH	IER INFORMATIO	N	
Project Manager		Phone		
Contracting Firm				
Contact Name		Phone		
CONTRACTOR USE (please use ONE form for each piece	of new equipm	ient)		
BCIT I.D. Barcode #]
Old Equipment Code (if applicable)				
Description of Equipment Installed				
1			г	
Building Floor			Room	
Other Location Info.				
Manufacturer				
Model # Ser				
Size/Capacity	Ampera	age		
Voltage Wa				
Horsepower Ec		uipment Standard		
Manufacture Date (Y/M/D) Insta		ation Date (Y/M/D)		
BCIT USE ONLY				
Foreman (forward to Systems Administrator upon completion	n of PM Procedu	ire)		1
Name of PM Procedure				
Estimated Hours to Complete PM	Tra	Trade Code		
Date of First PM (Y/M/D)	Int	terval/Frequency Typ	pe	
O&M Manual reference				

equipment_id_form.xlsx Updated 13/09/05