



NASA DRYDEN MAXIMO – NEW / REPLACEMENT EQUIPMENT

DATA COLLECTION FORM

highlighted items are required

New NASA Equipment ID #: _____ [Replacing ID#: _____]

1. GENERAL INFORMATION

* Item Name / Description: _____

2. ITEM INFORMATION

* Building Number: _____

* Site (Check One): DFRC / DAOF / AERO Institute / Other: _____

Building Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Floor: _____ Room: _____

Exact Equipment Location Information: _____

3. GENERAL EQUIPMENT DETAIL INFORMATION

* Installation Date: _____

* Estimated Service Life (if known): _____

Size/Capacity: _____

Energy Rating (e.g. Seer, KW/Ton, Wattage, etc.): _____

4. MANUFACTURER INFORMATION

* Company Name: _____

Product Number (if applicable): _____

Warranty Expiration Date (send warranty paperwork / info to Code F): _____

5. NUMBER DETAIL

* Model Number: _____

* Serial Number: _____

Tag Number (if applicable): _____

6. ACQUISITION INFORMATION

* Initial Cost: _____ * Total Replacement Project Cost: _____

Vendor Name & Phone Number: _____

Acquisition Date (if applicable): _____ PO Number (if applicable): _____

7. OTHER INFORMATION (TO BE FILLED OUT BY FACILITY MANAGEMENT)

Equipment Condition (Check One): Excellent / Good / Fair / Poor / Bad

Criticality (Check One):

- | | |
|--|--|
| <input type="checkbox"/> 1 - Environmental Impact Single Point of Failure | <input type="checkbox"/> 6 - Significant Economic Consequences |
| <input type="checkbox"/> 2 - Mission Impact Single Point of Failure | <input type="checkbox"/> 7 - Employee Morale Impact |
| <input type="checkbox"/> 3 - Environmental Impact Multiple Failures Required | <input type="checkbox"/> 8 - Public Relations Impact |
| <input type="checkbox"/> 4 - Mission Impact Multiple Failures Required | <input type="checkbox"/> 9 - Minimal Impact to Center |
| <input type="checkbox"/> 5 - Center Impact (Non-Mission) | |

Hazards requiring Lock Out & Tag Out for Maintenance (Cross Out Those that DO NOT Apply):

Steam	Natural Gas	Moving Parts	Chemicals
Compressed Air	Pneumatic	Electric Power	_____
Control Power	Water	Hydraulic	_____

Critical Readings or Meters: _____

Preventive Maintenance JOB PLAN: _____

Preventive Maintenance SCHEDULE FREQUENCY: _____

Other Critical Information: _____