

Master Equipment List (MEL) Change Worksheet

Installation / Removal Date: _____

New Equipment:

Project / Work Order #: _____

Removed Equipment:

Select type of equipment below. If equipment is not listed, describe it completely on reverse. Use one form for one equipment item.

ELECTRICAL EQUIPMENT	MECHANICAL EQUIPMENT	STRUCTURAL EQUIPMENT
<input type="checkbox"/> Automatic Transfer Switch <input type="checkbox"/> Busway <input type="checkbox"/> Circuit Breaker <input type="checkbox"/> Disconnect Switch <input type="checkbox"/> Electric Motor <input type="checkbox"/> Fire Alarm Panel (DGP) <input type="checkbox"/> Generator <input type="checkbox"/> Inverter <input type="checkbox"/> Motor Control Center <input type="checkbox"/> Panelboard <input type="checkbox"/> Starter <input type="checkbox"/> Switchgear <input type="checkbox"/> Transformer <input type="checkbox"/> Uninterruptible Power Supply <input type="checkbox"/> Variable-Frequency Drive (VFD) <input type="checkbox"/> Other:	<input type="checkbox"/> Air Conditioning Unit <input type="checkbox"/> Air Dryer <input type="checkbox"/> Air Handler <input type="checkbox"/> Air Washer <input type="checkbox"/> Alarm Check Valve Assembly <input type="checkbox"/> Backflow Preventer <input type="checkbox"/> Boiler, Heating <input type="checkbox"/> Chemical Feeder <input type="checkbox"/> Chiller <input type="checkbox"/> Compressor <input type="checkbox"/> Condensate Tank <input type="checkbox"/> Condenser <input type="checkbox"/> Converter <input type="checkbox"/> Cooling Tower <input type="checkbox"/> Cranes & Hoists <input type="checkbox"/> Cryogenic Tank <input type="checkbox"/> Domestic Water Heater <input type="checkbox"/> Evaporative Cooler <input type="checkbox"/> Evaporator <input type="checkbox"/> Other:	<input type="checkbox"/> Expansion Tank <input type="checkbox"/> Fan <input type="checkbox"/> Fan-Coil Unit <input type="checkbox"/> FID Cabinet <input type="checkbox"/> Filter Bank <input type="checkbox"/> Furnace - Gas <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Hydrant - Fire <input type="checkbox"/> Instrumentation <input type="checkbox"/> Pump, Circulating <input type="checkbox"/> Pump, Sump <input type="checkbox"/> Pump, Vacuum <input type="checkbox"/> Steam Pit <input type="checkbox"/> Steam Trap <input type="checkbox"/> Unit Heater <input type="checkbox"/> Valve <input type="checkbox"/> Valve - Control <input type="checkbox"/> Valve - Division <input type="checkbox"/> Valve - Relief <input type="checkbox"/> Door - Fire <input type="checkbox"/> Door - Rolling Steel <input type="checkbox"/> Door - Sectional Steel <input type="checkbox"/> Door - Vertical Lift <input type="checkbox"/> Elevator <input type="checkbox"/> Manhole <input type="checkbox"/> Roof <input type="checkbox"/> Other:

Requested By: _____
(Print or type First Name, MI, Last Name)

Department: _____
 Phone: _____

LOCATION DETAILS

Area: _____ Building: _____
 Room: _____ Quadrant: _____

Complete Known Data Below

EQUIPMENT DATA

MAXIMO #: _____ Yellow Tag #: _____
 Equipment Type: _____
 Description: _____
 Manufacturer: _____ Vendor: _____
 Catalog #: _____ FCS Name: _____
 Serial #: _____ Unit Name: _____
 Model #: _____
 Installation Date: _____ Date of Manufacture: _____