COMPASS EQUIPMENT DATA FORM for DEHUMIDIFIER

COMPASS Equipment Number________________________ (To be provided by U of M Planner)

All fields below this line to be completed by knowledgeable equipment supplier, contractor, architect, engineer or FM Maintenance staff and returned to the designated University of MN Project Manager or FM Planner

Architecture Eqpt No: _________________________ (from construction drawings)

Manufacturer: Mfr Name _______________________

Model No. __________________ Serial No. __________________

Location: Building ____________________________

Floor __________________ Room # ______________

Equipment Serves (Identify building area(s) i.e. floors or rooms, and interlocked equipment)
__________________________________________________________________________
__________________________________________________________________________

Warranty Information:
Vendor ________________________________

Warranty Start Date ________________ Warranty Expiration Date ________________

Vendor Contact:
Name ________________________________ Phone __________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNIT DIRECT / BELT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>UNIT - IF BELT: QTY &amp; SIZE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MOTOR HP &gt; 1HP</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MOTOR NOMINAL EFFICIENCY &gt; 1HP</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________________ Phone __________________

Company_________________________ Date___________________