COMPASS EQUIPMENT DATA FORM for Disability Bench Lift

Data entry completed __________
Data entry by ________________

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

Above section for University of Minnesota use only

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>Power Type (motor or manual)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Capacity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Motor Lube</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Electrical: Plug-in or hard-wired?</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name _____________________________ Phone __________________

Company ___________________________ Date __________________