COMPASS EQUIPMENT DATA FORM for

ENERGY RECOVERY SYSTEM

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

<table>
<thead>
<tr>
<th>Type:</th>
<th>Water or Glycol</th>
<th>Energy Wheel</th>
</tr>
</thead>
</table>

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>FILTER NO &amp; SIZE</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>FILTER LOCATION</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name ______________________ Phone ______________________

Company ______________________ Date ______________________