COMPASS EQUIPMENT DATA FORM for EYE WASH AND EMERGENCY SHOWER

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

| Type: | _____ Combo (Eyewash & Shower) _____Shower _____ Eyewash |

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>EYEWASH, SHOWER OR COMBO</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>SHUT OFF VALVE: YES OR NO</td>
<td>____________________________</td>
</tr>
<tr>
<td>3</td>
<td>DRAIN: YES OR NO</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ___________________________ Phone ___________________________

Company ___________________________ Date ___________________________

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File Date: 1/25/2011