COMPASS EQUIPMENT DATA FORM for Air Compressor

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: _____ Reciprocating _____ Screw _____ Rotary
System: _____ Control Air _____ Dry Fire Suppression Air _____ Building Air _____ Laboratory Air

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 oil, Yes or No</td>
<td>__________________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit direct or Belt</td>
<td>__________________________</td>
</tr>
<tr>
<td>3</td>
<td>If Belt: Qty &amp; Size(s)</td>
<td>__________________________</td>
</tr>
<tr>
<td>3</td>
<td>Air Dryer Mfg.</td>
<td>__________________________</td>
</tr>
<tr>
<td>4</td>
<td>Unit Refrigerant Weight</td>
<td>__________________________</td>
</tr>
<tr>
<td>5</td>
<td>Unit Refrigerant Type</td>
<td>__________________________</td>
</tr>
<tr>
<td>6</td>
<td>Additional Information</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________ Phone __________________

Company __________________________ Date __________________