COMPASS EQUIPMENT DATA FORM for WASHER

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>Clothes</th>
<th>Cage</th>
<th>Bottle/Dish</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

Form Completed by:
Name ____________________________ Phone __________________

Company ____________________________ Date __________________