COMPASS EQUIPMENT DATA FORM for            FIRE ALARM
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>
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<tr>
<td>1</td>
<td>CONTROL PANEL LOCATION</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ANNUNCIATORS LOCATION</td>
<td></td>
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</tbody>
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Form Completed by:
Name ________________________________ Phone __________________

Company ________________________________ Date __________________