COMPASS EQUIPMENT DATA FORM for FIRE PUMP

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 ____________________

Company__________________ Date____________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor HP</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Motor Nominal Efficiency</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Engine Fuel Type</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Engine Fuel Tank Capacity Gal</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name ____________________ Phone ____________________

Company ____________________ Date ____________________