COMPASS EQUIPMENT DATA FORM for UNIT HEATER
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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNIT- DIRECT OR BELT?</td>
<td>________________________________________________</td>
</tr>
<tr>
<td>2</td>
<td>IF BELT: QTY &amp; SIZES</td>
<td>________________________________________________</td>
</tr>
<tr>
<td>3</td>
<td>IF AIR FILTER QTY / SIZE</td>
<td>________________________________________________</td>
</tr>
<tr>
<td>4</td>
<td>FAN LUBE, SEALED / GREASE / OIL</td>
<td>________________________________________________</td>
</tr>
<tr>
<td>5</td>
<td>MOTOR LUBE, SEALED / GREASE / OIL</td>
<td>________________________________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________ Phone ____________________

Company ____________________ Date ____________________