COMPASS EQUIPMENT DATA FORM for ISOLATION VALVES
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>
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<th>LINE</th>
<th>SPEC_TYPE</th>
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<td>Unit Size /Inches</td>
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Form Completed by:

Name Phone

Company Phone Date