COMPASS EQUIPMENT DATA FORM for

METERS
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

Type:  ____ Blow Down  ____ Chilled Water  ____ Condensate  ____ Electric  ____ Irrigation
       ____ Make-Up Water  ____ Steam

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 TYPE</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>UNIT SIZE</td>
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</tr>
<tr>
<td>3</td>
<td>UNIT MULTIPLIER</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>UNIT COUNTER</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td># DIGITS LEFT OF DECIMAL</td>
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</tr>
<tr>
<td>6</td>
<td>UNIT OF MEASURE</td>
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</tbody>
</table>

Form Completed by:
Name ____________________________ Phone __________________

Company __________________________ Date __________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Miscellaneous\METERS - ALL TYPES EDF.doc
File Date: 1/25/2011