COMPASS EQUIPMENT DATA FORM for

RPZ
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

<table>
<thead>
<tr>
<th>Type:</th>
<th>RPZ</th>
<th>Vacuum Breaker RPZ</th>
</tr>
</thead>
</table>

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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<tbody>
<tr>
<td>1</td>
<td>UNIT SIZE</td>
<td></td>
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</tbody>
</table>

Form Completed by:

Name ___________________________ Phone _________________________

Company _________________________ Phone _________________________

Date _______________