COMPASS EQUIPMENT DATA FORM for SHUT OFF VALVE

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 Size /Inches</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit Type</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:

Name _________________________________ Phone ______________________

Company ________________________________ Date __________________