COMPASS EQUIPMENT DATA FORM for SNOW MELT SYSTEM

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 Factory Number</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Catalog Number</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unit Shell PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unit Tube PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Unit National Brand #</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name _______________________________ Phone ________________
Company_____________________________ Date__________________

File Date: 12/21/2010