COMPASS EQUIPMENT DATA FORM for STEAM TRAP
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 PSI</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone ____________________________

Company ____________________________ Date ____________________________