COMPASS EQUIPMENT DATA FORM for VACUUM PUMP

VACUUM PUMP
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: _____ Rotary _____ Reciprocating _____ Screw _____ Others (specify) ________________

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>Water Ring or Oil Less?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Motor HP &gt; 1HP</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Motor Nominal Efficiency</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ________________________________ Phone __________________

Company ________________________________ Date ________________