COMPASS EQUIPMENT DATA FORM for WASHER
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: ____ Clothes ____ Cage ____ Bottle/Dish</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

Form Completed by:
Name __________________________ Phone __________________________
Company_________________________________ Date __________________________