COMPASS EQUIPMENT DATA FORM for

WET COOLING TOWER

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>FAN GEARBOX / BELT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>FAN - IF BELT: QUANTITY &amp; SIZE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>FAN MOTOR HP &gt; 1HP</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>FAN MOTOR NOMINAL EFFICIENCY</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>CHIL WATER RATE CALC:</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name ________________________________ Phone __________________

Company ____________________________ Date __________________