COMPASS EQUIPMENT DATA FORM for AERIAL LIFT
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: | _____ Personnel | _____ Material |

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>Capacity (lbs)</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Lift Type</td>
<td>____________________________</td>
</tr>
<tr>
<td>3</td>
<td>Lift Height</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ___________________________ Phone _____________________

Company ___________________________ Date ___________________