COMPASS EQUIPMENT DATA FORM for FUME HOOD

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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FLOW VELOCITY RATING (FPM)</td>
</tr>
<tr>
<td>2</td>
<td>SERVED BY FUME FAN #</td>
</tr>
<tr>
<td>3</td>
<td>SASH (VERTICAL/HORIZONTAL)</td>
</tr>
<tr>
<td>4</td>
<td>DRAIN (Y/N)</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone __________________

Company ____________________________ Date __________________