COMPASS EQUIPMENT DATA FORM for 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, Oil or Oil Less?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Motor HP</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Motor Efficiency &gt; 1 HP</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name ________________________________ Phone __________________________

Company ____________________________ Date ____________________