COMPASS EQUIPMENT DATA FORM for COOL/HEAT EXCHANGER
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>Unit Factory Number</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Catalog Number</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unit Shell PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unit Tube PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Unit National Brand #</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Pump fill out Heating or Cooling Pump equipment data sheet</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name _________________________ Phone ______________________
Company _________________________ Date ______________________