COMPASS EQUIPMENT DATA FORM for EMERGENCY PHONE (CODE BLUE)

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: ___ Tower ___ Wall ___ CamTower ___ CamWall

Architecture Eqpt No: ________________________ (from construction drawings)

Manufacturer: Mfr Name ________________________

Model No. ___________________ Serial No. ___________________

Location: Building _____________________________

Floor __________________ Room # _______________

Equipment Serves (Identify exact location, building adjacency, directional info, etc.)

______________________________________________________________________________

______________________________________________________________________________

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 Type</td>
<td>__________________________</td>
</tr>
<tr>
<td>2</td>
<td>Camera (Y/N)</td>
<td>__________________________</td>
</tr>
<tr>
<td>3</td>
<td>Public Address/Speaker Sy</td>
<td>__________________________</td>
</tr>
<tr>
<td>4</td>
<td>Phone Number</td>
<td>__________________________</td>
</tr>
<tr>
<td>5</td>
<td>Phone Jack Number</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ______________________________ Phone ___________________

Company _____________________________ Date ___________________