COMPASS EQUIPMENT DATA FORM for  DEHUMIDIFIER

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 ________________

COMPANY SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNIT DIRECT / BELT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>UNIT - IF BELT: QTY &amp; SIZE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MOTOR HP &gt; 1HP</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MOTOR NOMINAL EFFICIENCY &gt; 1HP</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name __________________________________ Phone ____________________

Company __________________________ Phone ____________________ Date ____________