COMPASS EQUIPMENT DATA FORM for

DRY COOLER
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>PUMP MOTOR HP &gt; 1HP</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>PUMP MOTOR NOMINAL EFFICENCY</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name _______________________________ Phone ______________________
Company ___________________________ Date ______________________