COMPASS EQUIPMENT DATA FORM for

FURNACE
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: _____Heating Only _____Heating/Cooling

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 BTU INPUT</td>
<td>__________________________</td>
</tr>
<tr>
<td>2</td>
<td>UNIT FUEL TYPE</td>
<td>__________________________</td>
</tr>
<tr>
<td>3</td>
<td>UNIT DIRECT / BELT</td>
<td>__________________________</td>
</tr>
<tr>
<td>4</td>
<td>UNIT - IF BELT: QTY &amp; SIZE</td>
<td>__________________________</td>
</tr>
<tr>
<td>5</td>
<td>IF FILTER: QTY &amp; SIZES</td>
<td>__________________________</td>
</tr>
<tr>
<td>6</td>
<td>MOTOR HP &gt; 1HP</td>
<td>__________________________</td>
</tr>
<tr>
<td>7</td>
<td>MOTOR NOMINAL EFFICIENCY &gt; 1HP</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________ Phone __________________________

Company __________________________ Date __________________________