COMPASS EQUIPMENT DATA FORM for RPZ

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: _____ RPZ _____Vacuum Breaker RPZ

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 SIZE</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone ____________________

Company ____________________________ Date ____________________