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 EFFICIENCY</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name _______________________________ Phone __________________

Company _______________________________ Date ________________