COMPASS EQUIPMENT DATA FORM for SNOW BLOWER
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>ENGINE HP</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2-CYCLE / 4-CYCLE / ELECTRIC</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>NUMBER OF STAGES</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ______________________________ Phone __________________
Company ____________________________ Date __________________