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 __________________