COMPASS EQUIPMENT DATA FORM for ALARM - GAS DETECTION

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 ______________________

Company____________________________________ Date___________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>OSHA/EPA REQUIRED</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>LOCATION OF PANELS</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>CONTROL PANEL MFG</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>GAS(ES) MONITORED</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone __________________

Company____________________________________ Date___________________

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