COMPASS EQUIPMENT DATA FORM for ALARM INTRUSION, LIQUID ALARM, ETC

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

<table>
<thead>
<tr>
<th>Type:</th>
<th>Intrusion</th>
<th>Liquid (specify)</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

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 __________________

Form Completed by:
Name ____________________________ Phone __________________

Company __________________________ Date __________________