COMPASS EQUIPMENT DATA FORM for **BOILER**

**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>Hot Water</th>
<th>Steam</th>
<th>Pressure:</th>
<th>Low</th>
<th>High</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 __________________________

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BURNER FUEL</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>BTU INPUT</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>BTU OUTPUT</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name ______________________________________ Phone __________________________

Company ______________________________________ Date __________________________