COMPASS EQUIPMENT DATA FORM for SPECIAL FIRE SUPPRESSION SYSTEMS

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

Chemical Name or Agent/Type: ________________________________________________

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>Tank (#/Size)</td>
<td>__<strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>/</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></td>
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<tr>
<td>2</td>
<td>Nozzles (# of)</td>
<td>__________________________</td>
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<tr>
<td>3</td>
<td>Links (Temp / # of)</td>
<td>__<strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>/</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></td>
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Form Completed by:

Name __________________________ Phone __________________

Company __________________________ Date __________________