COMPASS EQUIPMENT DATA FORM for Pumps
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>Booster</th>
<th>Circulating</th>
<th>Sewage</th>
<th>Sump</th>
<th>Well</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 ____________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor HP &gt; 1 HP</td>
<td>____________________</td>
</tr>
<tr>
<td>2</td>
<td>Motor Nominal Efficiency &gt;1 HP</td>
<td>____________________</td>
</tr>
<tr>
<td>3</td>
<td>Pump Lube, Sealed/ Grease / Oil</td>
<td>____________________</td>
</tr>
<tr>
<td>4</td>
<td>Motor Lube, Sealed/ Grease / Oil</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________ Phone ____________________
Company ____________________ Date ____________________