COMPASS EQUIPMENT DATA FORM for SWIMMING POOLS

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>General/Competition</th>
<th>Spa</th>
<th>Fountain/Water Feature</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

Form Completed by:

Name ____________________________ Phone __________________

Company ____________________________ Date __________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Plumbing Systems\SWIMMING POOLS

File Date: 12/21/2010