COMPASS EQUIPMENT DATA FORM for

STEAM GENERATOR

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>Energy Input Type:</th>
<th>Electric or Low Pressure Steam</th>
<th>High Pressure Steam</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>Unit Factory Number</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit Catalog Number</td>
<td>____________________________</td>
</tr>
<tr>
<td>3</td>
<td>Unit Shell PSI/Temp</td>
<td>____________________________</td>
</tr>
<tr>
<td>4</td>
<td>Unit Tube PSI/Temp</td>
<td>____________________________</td>
</tr>
<tr>
<td>5</td>
<td>Unit National Brand #</td>
<td>____________________________</td>
</tr>
<tr>
<td>6</td>
<td>Energy Input</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:

Name _________________________________ Phone __________________

Company _____________________________ Date __________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\HVAC Heating Systems\STEAM GENERATOR EDF.doc
File Date: 12/5/2012