COMPASS EQUIPMENT DATA FORM for PROCESS COOLING
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

Type: _____Environmental Room _____Growth Chamber _____Incubator _____Package Unit
_____ Reach-in Freezer _____Reach-in Refrigerator _____Reach-in Refrigerator/Freezer
_____ Walk-in Refrigerator _____Walk-in Freezer

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>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Unit Refrigerant Type</td>
<td>______________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit Refrigerant Weight</td>
<td>______________________</td>
</tr>
<tr>
<td>3</td>
<td>CONDENSER UNIT LOCATION</td>
<td>______________________</td>
</tr>
<tr>
<td>4</td>
<td>CONDENSER UNIT MODEL #</td>
<td>______________________</td>
</tr>
<tr>
<td>5</td>
<td>CONDENSER UNIT SERIAL#</td>
<td>______________________</td>
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</tbody>
</table>

Form Completed by:
Name ______________________ Phone ______________________

Company ______________________ Date ______________________