COMPASS EQUIPMENT DATA FORM for RECIPROCATING WATER CHILLER

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

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 SIZE (TONS)</td>
<td>____________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit Refrigerant Type</td>
<td>____________________</td>
</tr>
<tr>
<td>3</td>
<td>Unit Refrigerant Weight</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\Plumbing Systems\RECIPROCAL CHILLER FOR DRINKING WATER EDF.doc
File Date: 1/25/2011