UMN-TC EQUIPMENT DATA FORM for CONDENSING UNIT

Data entry completed ____________
Data entry by _________________

Asset Number __________________________ (To be provided by U of M Planner)

Above section for UMN-TC 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 # ____________

Type: _____ Air Cooled _____ Water Cooled

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 Refrigerant Type</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit Refrigerant Weight</td>
<td>____________________________</td>
</tr>
<tr>
<td>3</td>
<td>Chilled Water Rate Calc: Y/N</td>
<td>____________________________</td>
</tr>
<tr>
<td>4</td>
<td>Condensing Unit Location</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ___________________________ Phone ______________________

Company _________________________ Date___________________