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

**TYPE:**  _____Absorption  _____Centrifugal  _____Rotary Screw  _____Reciprocating

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**

**LINE**  **SPEC_TYPE**  **DATA**

1  UNIT SIZE (TONS) _______________________________________

2  Unit Refrigerant Type ____________________________

3  Unit Refrigerant Weight ____________________________

4  Chilled Water Rate Calc: Y/N ______________________

Form Completed by:

Name ________________________________  Phone ______________________

Company ________________________________  Date ______________________