UMN-TC EQUIPMENT DATA FORM for WET COOLING TOWER

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 # ________________

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>FAN GEARBOX / BELT</td>
<td>__________________________</td>
</tr>
<tr>
<td>2</td>
<td>FAN - IF BELT: QUANTITY &amp; SIZE</td>
<td>__________________________</td>
</tr>
<tr>
<td>3</td>
<td>FAN MOTOR HP &gt; 1HP</td>
<td>__________________________</td>
</tr>
<tr>
<td>4</td>
<td>FAN MOTOR NOMINAL EFFICIENCY</td>
<td>__________________________</td>
</tr>
<tr>
<td>5</td>
<td>CHIL WATER RATE CALC:</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ________________________________ Phone _______________________

Company ____________________________ Date ____________________