UMN-TC EQUIPMENT DATA FORM for
ARENA ICE PACKAGE SYSTEM
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>Unit Refrigerant Type</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Refrigerant Weight</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________ Phone _____________________

Company __________________________ Phone _____________________ Date _____________________