

# 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

LINE	SPEC_TYPE	DATA
1	Unit Refrigerant Type	_____
2	Unit Refrigerant Weight	_____
3	Chilled Water Rate Calc: Y/N	_____
4	Condensing Unit Location	_____

### Form Completed by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_