UMN-TC EQUIPMENT DATA FORM for ICE MACHINE
Data entry completed ____________
Data entry by ____________________

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

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>
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<tbody>
<tr>
<td>1</td>
<td>REFRIGERANT TYPE</td>
<td></td>
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<tr>
<td>2</td>
<td>REFRIGERANT WEIGHT</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>WATER FILTER DATA</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name _____________________________________ Phone ____________________
Company ___________________________________ Date ________________