UMN-TC EQUIPMENT DATA FORM for PROCESS COOLING
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

Type: _____Environmental Room _____Growth Chamber _____Incubator _____Package Unit
       _____Reach-in Freezer _____Reach-in Refrigerator _____Reach-in Refrigerator/Freezer
       _____Walk-in Refrigerator _____Walk-in Freezer

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 Refrigerant Type ______________________________

2 Unit Refrigerant Weight ______________________________

3 CONDENSER UNIT LOCATION ______________________________

4 CONDENSER UNIT MODEL # ______________________________

5 CONDENSER UNIT SERIAL# ______________________________

Form Completed by:
Name ______________________________ Phone __________________

Company ______________________________ Date __________________