UMN-TC EQUIPMENT DATA FORM for Process Cooling Pumps

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

<table>
<thead>
<tr>
<th>Type: Chilled water Condenser water</th>
</tr>
</thead>
</table>

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>Motor HP &gt; 1HP</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Motor Nominal Efficiency &gt;1 HP</td>
<td>____________________________</td>
</tr>
<tr>
<td>3</td>
<td>Pump Lube, Sealed/ Grease / Oil</td>
<td>____________________________</td>
</tr>
<tr>
<td>4</td>
<td>Motor Lube, Sealed/ Grease / Oil</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:

Name ________________________________ Phone __________________

Company ________________________________ Date ____________________