UMN-TC EQUIPMENT DATA FORM for RECIPROCATING WATER CHILLER

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>
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<tbody>
<tr>
<td>1</td>
<td>UNIT SIZE (TONS)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Refrigerant Type</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unit Refrigerant Weight</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone __________________

Company __________________________ Date __________________

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File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Plumbing Systems\RECIPROCAL CHILLER FOR DRINKING WATER EDF.doc
File Date: 1/25/2011