UMN-TC EQUIPMENT DATA FORM for RECIPROCATING WATER CHILLER

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>
</tr>
</thead>
<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 ________________