COMPASS EQUIPMENT DATA FORM for PROCESS COOLING

Data entry completed __________
Data entry by _________________

COMPASS Equipment Number_______________________ (To be provided by U of M Planner)

Above section for University of Minnesota 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

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unit Refrigerant Type</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit Refrigerant Weight</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>3</td>
<td>CONDENSER UNIT LOCATION</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>4</td>
<td>CONDENSER UNIT MODEL #</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>5</td>
<td>CONDENSER UNIT SERIAL#</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ______________________ Phone ______________________

Company __________________________________________ Date ______________________