COMPASS EQUIPMENT DATA FORM for WINDOW AIR CONDITIONER

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

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 REFRIG WEIGHT</td>
<td>___________________________</td>
</tr>
<tr>
<td>3</td>
<td>UNIT VOLTAGE</td>
<td>___________________________</td>
</tr>
</tbody>
</table>

Form Completed by:

Name ___________________________ Phone ______________________

Company ___________________________ Date ________________