COMPASS EQUIPMENT DATA FORM for

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

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: _____ Absorption _____ Centrifugal _____ Rotary Screw _____ Reciprocating

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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</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>
<tr>
<td>4</td>
<td>Chilled Water Rate Calc: Y/N</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Form Completed by:

Name __________________________ Phone __________________________

Company __________________________ Date __________________________