COMPASS EQUIPMENT DATA FORM for ARENA ICE PACKAGE SYSTEM
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

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 Refrigerant Type</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Refrigerant Weight</td>
<td></td>
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</tbody>
</table>

Form Completed by:
Name ________________________________ Phone ____________________
Company________________________________________ Phone ____________
Date__________________________