COMPASS EQUIPMENT DATA FORM for CONDENSING UNIT
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 # _______________

Type: ____Air Cooled  ____Water Cooled

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>Chilled Water Rate Calc: Y/N</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Condensing Unit Location</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone ____________________________

Company ____________________________ Date ____________________________