COMPASS EQUIPMENT DATA FORM for

ICE MACHINE
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 __________________

COMPANY___________________________________________  Date____________________

---

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>REFRIGERANT TYPE</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>REFRIGERANT WEIGHT</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>WATER FILTER DATA</td>
<td></td>
</tr>
</tbody>
</table>

---

Form Completed by:
Name ___________________________________________  Phone __________________

Company___________________________________________  Date____________________

---

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Specialty Systems\ICE MACHINE EDF.doc
File Date: 1/25/2011