UMN-TC EQUIPMENT DATA FORM for EMERGENCY PHONE (CODE BLUE)

Data entry completed ____________
Data entry by _________________

Asset Number ______________________ (To be provided by U of M Planner)

Above section for UMN-TC 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.

Type: ___ Tower  ___ Wall  ___ CamTower  ___ CamWall

Architecture Eqpt No: _______________ (from construction drawings)

Manufacturer:  Mfr Name ________________________________

Model No. __________________ Serial No. __________________

Location:  Building _______________________________________

Floor ______________ Room # ______________

Equipment Serves (Identify exact location, building adjacency, directional info, etc.)

______________________________________________________________________________

______________________________________________________________________________

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 Type</td>
<td>________________________________</td>
</tr>
<tr>
<td>2</td>
<td>Camera (Y/N)</td>
<td>________________________________</td>
</tr>
<tr>
<td>3</td>
<td>Public Address/Speaker Sy</td>
<td>________________________________</td>
</tr>
<tr>
<td>4</td>
<td>Phone Number</td>
<td>________________________________</td>
</tr>
<tr>
<td>5</td>
<td>Phone Jack Number</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone ____________________

Company _________________________ Date ___________________