

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: \_\_\_\_\_ Water or Glycol \_\_\_\_\_ Energy Wheel

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

LINE	SPEC_TYPE	DATA
1	FILTER NO & SIZE	_____
2	FILTER LOCATION	_____

Form Completed by:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_