UMN-TC EQUIPMENT DATA FORM for CO₂ DETECTOR

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

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 __________________________

Form Completed by:
Name _______________________________ Phone __________________________

Company __________________________________ Date ________________________