UMN-TC EQUIPMENT DATA FORM for DIRECT DIGITAL CONTROL
(ONE FORM PER BUILDING)
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 ________________