UMN-TC EQUIPMENT DATA FORM for FIRE ALARM
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 ____________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
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<tbody>
<tr>
<td>1</td>
<td>CONTROL PANEL LOCATION</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ANNUNCIATORS LOCATION</td>
<td></td>
</tr>
</tbody>
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Form Completed by:
Name __________________________ Phone ____________________
Company __________________________ Date ____________________