UMN-TC EQUIPMENT DATA FORM for

FIRE SYSTEM MULTI-PLEXER

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

Form Completed by:

Name _______________________________ Phone __________________

Company _______________________________ Date __________________