UMN-TC EQUIPMENT DATA FORM for MOTOR CONTROL CENTER
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 ______________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Electrical Systems\MOTOR CONTROL CENTER EDF.doc
File Date: 12/21/2010