UMN-TC EQUIPMENT DATA FORM for SPECIAL FIRE SUPPRESSION SYS

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

Chemical Name or Agent/Type: ____________________________________________________________

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>
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<th>LINE</th>
<th>SPEC. TYPE</th>
<th>DATA</th>
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Form Completed by:

Name _____________________________ Phone _______________________

Company __________________________ Date _______________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Fire Protection Systems\SPECIAL FIRE SUPPRESSION SYSTEMS EDF.docx

File Date: 12/21/2010