UMN-TC EQUIPMENT DATA FORM for STAND PIPE & HOSE SYSTEMS

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 ____________________________