

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.**

**Type:** \_\_\_\_\_ **Field erected or free-standing > 2kVA** \_\_\_\_\_ **Rack mounted <2kVA**

**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**

LINE	SPEC_TYPE	DATA
1	Battery Qty	_____
2	Battery Type/Size	_____
3	Self Diagnostics? Y/N	_____

**Note to Planner/Scheduler: > 2kVA = Level I PM Group**  
**< 2kVA = Level II PM Group**

**Form Completed by:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_