UMN-TC EQUIPMENT DATA FORM for UNINTERUPTIBLE POWER SYSTEM

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

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Battery Qty</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Battery Type/Size</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Self Diagnostics? Y/N</td>
<td></td>
</tr>
</tbody>
</table>

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

Form Completed by:
Name __________________________ Phone __________________________

Company __________________________ Date __________________________