UMN-TC EQUIPMENT DATA FORM for VARIABLE AIR VOLUME BOX (ONE FORM PER BUILDING)
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 __________________