UMN-TC EQUIPMENT DATA FORM for

RADIATION/REHEAT 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

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unit Factory Number</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Catalog Number</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unit Shell PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unit Tube PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Unit National Brand #</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Pump fill out Heating Pump equipment data sheet</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone __________________

Company __________________________ Date __________________