UMN-TC EQUIPMENT DATA FORM for STEAM GENERATOR

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

Energy Input Type:  _____ Electric or Low Pressure Steam  _____ High Pressure Steam

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>6</td>
<td>Energy Input</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________ Phone __________________________

Company __________________________ Date __________________________