

# UMN-TC EQUIPMENT DATA FORM for CONSOLIDATED FIRE PROTECTION SYSTEM

Data entry completed \_\_\_\_\_  
Data entry by \_\_\_\_\_

Asset Number \_\_\_\_\_ (To be provided by U of M Planner)

Above section for UMN-TC use only

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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 \_\_\_\_\_

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## EQUIPMENT SPECIFICATIONS

LINE	SPEC_TYPE	DATA
1	FIRE ALARM SYSTEM DATA	fill out Alarm Fire sheet
2	MAIN FACP MFG / MOD #	_____ / _____
3	ADDRESSABLE (Y/N)	_____
4	BATTERY BACK UP (Y/N)	_____
5	BATTERIES (# OF)	_____
6	BATTERY CHARGERS (# OF)	_____
7	BATTERY VOLTAGE	_____
8	BATTERY AMP/HOURS	_____
9	HEAT DETECTORS (# OF)	_____
10	AREA SMOKE DETECTORS (# OF)	_____
11	DUCT SMOKE DETECTORS (# OF)	_____
12	PULL STATIONS (# OF)	_____
13	HORNS (# OF)	_____

