UMN-TC EQUIPMENT DATA FORM for

FIRE PUMP

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>Motor HP</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Motor Nominal Efficiency</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Engine Fuel Type</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Engine Fuel Tank Capacity Gal</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ________________________________ Phone ____________________

Company __________________________ Date ____________________