UMN-TC EQUIPMENT DATA FORM for UNIT HEATER

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- DIRECT OR BELT?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>IF BELT: QTY &amp; SIZES)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>IF AIR FILTER QTY / SIZE</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>FAN LUBE, SEALED / GREASE / OIL</td>
<td></td>
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<tr>
<td>5</td>
<td>MOTOR LUBE, SEALED / GREASE / OIL</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________________ Phone _______________________

Company__________________________________________________ Date___________________