UMN-TC EQUIPMENT DATA FORM for DEHUMIDIFIER

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 DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UNIT DIRECT / BELT</td>
</tr>
<tr>
<td>2</td>
<td>UNIT - IF BELT: QTY &amp; SIZE</td>
</tr>
<tr>
<td>3</td>
<td>MOTOR HP &gt; 1HP</td>
</tr>
<tr>
<td>4</td>
<td>MOTOR NOMINAL EFFICIENCY &gt; 1HP</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ________________________________ Phone ______________________

Company ___________________________ Date ____________