UMN-TC EQUIPMENT DATA FORM for Heating Pumps
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

Type: ____Circulating _____ Condensate _____Energy Recovery ____Radiation & Reheat ____ Glycol

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 &gt; 1HP</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Motor Nominal Efficiency &gt;1 HP</td>
<td>____________________________</td>
</tr>
<tr>
<td>3</td>
<td>Pump Lube, Sealed/ Grease / Oil</td>
<td>____________________________</td>
</tr>
<tr>
<td>4</td>
<td>Motor Lube, Sealed/ Grease / Oil</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________________ Phone ____________________________

Company ____________________________ Date ____________________________