UMN-TC EQUIPMENT DATA FORM for STEAM PRESSURE REDUCING STATION
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

1 # of Relief Valves on station ________________________________
2 Unit Inlet PSI ________________________________
3 Unit Outlet PSI ________________________________
4 # of PRV Valves on station ________________________________
4 Also Fill out STEAM PRESSURE REDUCING VALVE

Form Completed by:
Name _________________________________ Phone __________________