UMN-TC EQUIPMENT DATA FORM for  STEAM PRESSURE REDUCING VALVE

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  VALVE SIZE ________________________________________________

Form Completed by:

Name ___________________________ Phone ___________________

Company ___________________________ Date _________________