UMN-TC EQUIPMENT DATA FORM for FUME HOOD
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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FLOW VELOCITY RATING (FPM)</td>
</tr>
<tr>
<td>2</td>
<td>SERVED BY FUME FAN #</td>
</tr>
<tr>
<td>3</td>
<td>SASH (VERTICAL/HORIZONTAL)</td>
</tr>
<tr>
<td>4</td>
<td>DRAIN (Y/N)</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ___________________________ Phone ______________________

Company __________________________ Date ______________