UMN-TC EQUIPMENT DATA FORM for

AERIAL LIFT
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

<table>
<thead>
<tr>
<th>Type:</th>
<th>Personnel</th>
<th>Material</th>
</tr>
</thead>
</table>

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>Capacity (lbs)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Lift Type</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Lift Height</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________ Phone __________________

Company __________________________ Date ________________