UMN-TC EQUIPMENT DATA FORM for COMPACTOR – BARREL, TRASH, ETC

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

Form Completed by:
Name ________________________________ Phone ____________________

Company ________________________________ Date ____________________