UMN-TC EQUIPMENT DATA FORM for AUTOCLAVE

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 ___________________

Form Completed by:
Name ________________________________________ Phone ___________________

Company ______________________________________ Date ___________________

File: K:\PLANNERS\Equipment & PMs\Equipment data sheets\Final Equipment Data Forms\Specialty Systems\AUTOCLAVE LABORATORY

EDF.doc

File Date: 12/21/2010