UMN-TC EQUIPMENT DATA FORM for Disability Bench 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

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>Power Type (motor or manual)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Capacity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Motor Lube</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Electrical: Plug-in or hard-wired?</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name __________________________________ Phone _______________________

Company_________________________________________ Date___________________