UMN-TC EQUIPMENT DATA FORM for
EXPANSION JOINT

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 _________________________