Asset Number ______________________ (To be provided by U of M Planner)

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>Combo (Eyewash &amp; Shower)</th>
<th>Shower</th>
<th>Eyewash</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>SPECETYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>EYEWASH, SHOWER OR COMBO</td>
<td>________________________________</td>
</tr>
<tr>
<td>2</td>
<td>SHUT OFF VALVE: YES OR NO</td>
<td>________________________________</td>
</tr>
<tr>
<td>3</td>
<td>DRAIN: YES OR NO</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name __________________________ Phone __________________
Company ______________________ Date __________________

Data entry completed ____________
Data entry by _________________