UMN-TC EQUIPMENT DATA FORM for ALARM INTRUSION, LIQUID ALARM, 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

<table>
<thead>
<tr>
<th>Type: Intrusion</th>
<th>Liquid (specify)</th>
<th>Other (specify)</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 _____________________

Form Completed by:

Name _________________________________ Phone _____________________

Company _________________________________ Date _____________________