UMN-TC EQUIPMENT DATA FORM for ISOLATION VALVES
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>
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<tbody>
<tr>
<td>1</td>
<td>Unit Size /Inches</td>
<td></td>
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Form Completed by:
Name _______________________________ Phone __________________

Company ___________________________ Date ___________________