UMN-TC EQUIPMENT DATA FORM for LAWN IRRIGATION SYSTEM
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______________________