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 __________________