UMN-TC EQUIPMENT DATA FORM for SWIMMING POOLS
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:</th>
<th>_____ General/Competition</th>
<th>_____ Spa</th>
<th>_____ Fountain/Water Feature</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**

Form Completed by:
Name ___________________ Phone ___________________

Company ___________________ Date ___________________