UMN-TC EQUIPMENT DATA FORM for

RELIEF 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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unit Setting/PSI</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Inlet Size/Inch</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unit Outlet Size/Inch</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unit LBS/HR</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ___________________________ Phone __________________

Company ___________________________ Date __________________