UMN-TC EQUIPMENT DATA FORM for

SHUT OFF VALVE

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 Size /Inches</td>
<td>____________________________</td>
</tr>
<tr>
<td>2</td>
<td>Unit Type</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name _______________________________ Phone __________________________

Company ____________________________ Date __________________________