UMN-TC EQUIPMENT DATA FORM for SNOW MELT 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 ______________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unit Factory Number</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Unit Catalog Number</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Unit Shell PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Unit Tube PSI/Temp</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Unit National Brand #</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name _______________________________ Phone ______________________

Company __________________________________ Date ___________________