UMN-TC EQUIPMENT DATA FORM for

STEAM TRAP
Data entry completed
Data entry by

Asset Number ______________________ (To be provided by U of M Planner)

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 PSI</td>
<td></td>
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</tbody>
</table>

Form Completed by:
Name ____________________________ Phone ____________________________

Company ____________________________ Date ____________________________