UMN-TC EQUIPMENT DATA FORM for

SWITCHGEAR

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

Form Completed by:
Name ________________________________ Phone _________________________
Company________________________________ Date_______________________