UMN-TC EQUIPMENT DATA FORM for SWITCH STATION

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 ______________________

File Date: 1/24/2011