UMN-TC EQUIPMENT DATA FORM for ALARM - GAS DETECTION
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 ______________________

Company__________________________________________ Date___________________

EQUIPMENT SPECIFICATIONS

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>OSHA/EPA REQUIRED</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>LOCATION OF PANELS</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>CONTROL PANEL MFG</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>GAS(ES) MONITORED</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:

Name ______________________________________________ Phone ______________________

Company__________________________________________ Date___________________