UMN-TC EQUIPMENT DATA FORM for DEHUMIDIFIER
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 DIRECT / BELT</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>UNIT - IF BELT: QTY &amp; SIZE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>MOTOR HP &gt; 1HP</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>MOTOR NOMINAL EFFICIENCY &gt; 1HP</td>
<td></td>
</tr>
</tbody>
</table>

Form Completed by:
Name ___________________________ Phone __________________

Company ___________________________ Phone __________________ Date _________________