

UMN-TC EQUIPMENT DATA FORM for

Custodial Equipment

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

Type: Auto Scrubber Buffer Burnisher Carpet Extractor
 Presser Sprayer Sweeper Vacuum Other

Architecture Eqpt No: _____ (from construction drawings)

Manufacturer: Mfr Name _____

Model & Model No. _____ Serial No. _____

Location: Building _____

Floor _____ Room # _____

Equipment Serves (Identify building area(s) i.e. floors or rooms, and interlocked equipment)

Additional location, like by room _____

Warranty Information:

Vendor _____

Warranty Start Date _____ Warranty Expiration Date _____

Vendor Contact:

Name _____ Phone _____

EQUIPMENT SPECIFICATIONS

LINE	SPEC_TYPE	DATA
1	Inventory Services # (White Label)	_____
2	PRQ number	_____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____