UMN-TC EQUIPMENT DATA FORM for Custodial Equipment
Data entry completed __________
Data entry by _________________

Asset Number___________________ (To be provided by U of M Planner)

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

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory Services # (White Label)</td>
<td>____________________________________________________________</td>
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<tr>
<td>2</td>
<td>PRQ number</td>
<td>____________________________________________________________</td>
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</tbody>
</table>

Form Completed by:
Name ________________________________ Phone __________________

Company ________________________________ Date __________________