UMN-TC EQUIPMENT DATA FORM for CHILLED DRINKING FOUNTAIN
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 __________________

Form Completed by:
Name ______________________________________ Phone __________________

Company ___________________________________ Date __________________