UMN-TC EQUIPMENT DATA FORM for WASHER
Data entry completed ____________
Data entry by _________________

Asset Number ______________________  (To be provided by U of M Planner)

Above section for UMN-TC use only

TYPE: _____ Clothes _____ Cage _____ Bottle/Dish

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 __________________