UMN-TC EQUIPMENT DATA FORM for WATER PURIFIER

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

<table>
<thead>
<tr>
<th>Type:</th>
<th>Deionizer</th>
<th>Distilled</th>
<th>Reverse Osmosis</th>
<th>Water Softener</th>
<th>Other (specify)</th>
</tr>
</thead>
</table>

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

Form Completed by:
Name ________________________________ Phone _______________________
Company ______________________________ Phone _______________________
Date ________________________________