UMN-TC EQUIPMENT DATA FORM for VACUUM PUMP
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: ______ Rotary ______ Reciprocating ______ Screw ______ Others (specify) ______

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

<table>
<thead>
<tr>
<th>LINE</th>
<th>SPEC_TYPE</th>
<th>DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Water Ring, Oil or Oil Less?</td>
<td>____________________</td>
</tr>
<tr>
<td>2</td>
<td>Motor HP</td>
<td>____________________</td>
</tr>
<tr>
<td>3</td>
<td>Motor Efficiency &gt; 1 HP</td>
<td>____________________</td>
</tr>
</tbody>
</table>

Form Completed by:
Name ____________________ Phone ____________________

Company ____________________ Date ____________________