

**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 \_\_\_\_\_

---

**EQUIPMENT SPECIFICATIONS**

**Form Completed by:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Company \_\_\_\_\_ Date \_\_\_\_\_