

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

Type: _____ DUMBWAITER _____ FREIGHT _____ VPL (ADA) _____ PASSENGER
 _____ SERVICE _____ OTHER _____ LULA _____ SPPE _____ ESCALATOR

Architecture Eqpt No: _____ (from construction drawings)

Manufacturer: Mfr Name _____

Job No. _____ Model No. _____

State ID _____ UMN Project # _____

Location: Building _____

Floor _____ Room # _____

Warranty Information:

Vendor _____

Warranty Start Date _____ Warranty Expiration Date _____

Vendor Contact:

Name _____ Phone _____

EQUIPMENT SPECIFICATIONS

<u>LINE</u>	<u>SPEC TYPE</u>	<u>DATA</u>
1	ELEVATOR TYPE (HYDRO/TRACTION/MRL/OTHER)	_____
2	CAPACITY (IN LBS.)	_____
3	SPEED (FPM)	_____
4	FLOORS (# OF)	_____
5	OPENINGS (# OF)	_____
6	MACHINE RM #	_____
7	UNIT HP	_____
8	UNIT VOLTS	_____

9 UNIT PHASE _____
10 STANDBY POWER (Y/N) _____
11 PRIMARY EGRESS FLOOR _____
12 SECONDARY EGRESS FLOOR _____
13 PUMP MOTOR HP _____
14 HYDROLIC PUMP MODEL # _____
15 PUMP CONTROL VALVE MODEL# _____
16 M/G SET (Y/N) _____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____