

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

LINE	SPEC_TYPE	DATA
1	UNIT KVA/PHASE	_____
2	UNIT PRIMARY VOLTS	_____
3	UNIT SECONDARY VOLTS	_____
4	UNIT CLASS	_____
5	UNIT % IMPENDANCE	_____
6	UNIT BIL RATING (PRI)	_____
7	UNIT WINDING TYPE	_____
8	UNIT. STYLE NO	_____
9	UNIT COOLANT TYPE	_____
10	UNIT TAP CHANGER: Y/N	_____
11	UNIT WEIGHT	_____
12	UNIT PRIMARY CONNECTION	_____

- 13 UNIT SECONDARY CONNECT _____
- 14 UNIT TRANSFORMER TYPE _____
- 15 UNIT BIL RATING (SEC) _____
- 16 UNIT POLARITY/CLASS _____
- 17 UNIT GALLONS OF COOLANT _____
- 18 UNIT STYLE _____
- 19 UNIT CAT NO _____
- 20 UNIT FANS: YES OR NO _____
- 21 UNIT KVA, WITH FANS _____
- 22 UNIT FACTORY ORDER NO _____
- 23 UNIT INST. AND PARTS _____
- 24 UNIT INST. YR/DRAW NO _____
- 25 CHIL WATER RATE CALC: Y/N _____

Form Completed by:

Name _____ Phone _____

Company _____ Date _____