

UMN-TC Equipment Data Form

Steam Generator

Equipment Information		This section is for UMN-TC TC Planners Only.			
Asset Label Number:		Barcode:		Ach #:	

All fields below must be completed by a knowledgeable equipment supplier, contractor, architect, engineer, or FM Maintenance staff member and returned to the designated UMN-TC Project Manager or FM Data Specialist.

Form Completed By					
Name:		Position:		Company:	
Date:		Email:		Phone:	

Energy Input Type	
<input type="checkbox"/> Electric or low pressure steam	<input type="checkbox"/> High pressure steam

Manufacturer			
Manufacturer Name:		Serial Number:	
Model Number:			

Location			
Building:		Equipment Serves:	
Room Number/ By Room:		(Identify building area(s), i.e., floors or rooms, and interlocked equipment):	

Warranty Information	
Vendor:	
Inservice Date:	

Equipment		Specifications
Line	Spec_Type	Data
1	Unit factory number	
2	Unit catalog number	
3	Unit shell PSI/temp	
4	Unit tube PSI/temp	
5	Unit national brand #	
6	Energy input	

File Date: 1/15/26