

MAINTENANCE AND OPERATIONS

Equipment Data Sheet

INSTALL DATE:			
FACILITY ID:			
FACILITY NAME:			
NEW INSTALL	Yes	No	NEW ASSET TAG:
REPLACEMENT	Yes	No	IF <u>YES</u>, OLD ASSET TAG:
EQUIPMENT TYPE:			
MFG:			
MODEL #			
SERIAL #			
LOCATION:			

TECHNICIAN NAME: _____

TECHNICIAN #: _____