

# ASSET UPDATE FORM

Contact Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Associated Work Order # (if applicable) \_\_\_\_\_ Date: \_\_\_\_\_

*Please fill out all applicable information and return to the preventive maintenance manager or service desk.  
E-mail: FM-PREVENTIVE-MAINT@VIRGINIA.EDU, Phone: 434.243.1847*

## ASSET STATUS

NEW ASSET INSTALLED Date Installed: \_\_\_\_\_

IF REPLACING ASSET Note removed asset #: \_\_\_\_\_

## LOCATION

Building Name: \_\_\_\_\_

Building Number: \_\_\_\_\_ Room #: \_\_\_\_\_

## LOCATION DETAILS

\_\_\_\_\_  
(Include any additional information helpful in locating the equipment i.e. wing, addition, roof)

## EQUIPMENT

Equipment Type: \_\_\_\_\_  
(Include uniformat asset group code if known, i.e. Air Compressor: D3095-118)

Equipment Name: \_\_\_\_\_ (i.e., EF 01 or AHU 07 or MTHWP 03)

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial # \_\_\_\_\_

## EXTRA DESCRIPTION

(consumables, notes)

\_\_\_\_\_  
\_\_\_\_\_

## PM FUNDING

\_\_\_\_\_  
(Indicate if departmentally owned equipment or special funding required)

## SHOP ASSIGNMENT

Shop: \_\_\_\_\_ Shop Person (optional): \_\_\_\_\_

## SUGGESTED PM FREQUENCY

Frequency: \_\_\_\_\_ Start Date: \_\_\_\_\_

Frequency: \_\_\_\_\_ Start Date: \_\_\_\_\_

Frequency: \_\_\_\_\_ Start Date: \_\_\_\_\_

## NESTING

Should frequencies nest? \_\_\_\_\_

## COMMENTS

\_\_\_\_\_  
\_\_\_\_\_