

## WisDOT/DSPN Roadside Facilities Asset Record Form



Service Provider/WC:			
Name of Person Complet			
NE <del>W</del>	EDIT		INACTIVE
Please go to Asset Name	Asset Name:		Asset Name:
Section Below	Enter Changes Below		Inactive Date:
** Items in RED are required f	ields		
Asset Name:		Date:	
Asset Name		Serial #	
Asset Class	FAMIS Admin will enter	Asset Rank	FAMIS Admin will enter
Manufacturer		Model #	
Asset Description	N/A	Vendor	
Asset Safety Comment	N/A	Status Comments	N/A
Location Information:			
Property		Floor	N/A
Space	N/A	Room/Area	N/A
Quantity Available	N/A	Asset Comments	N/A
Warranty Information: Con	plete as much as possible		
Warranty Contract #			
Effective Date		Expiration Date	
Expiration Contact		Expir Contact Phone	
Warranty Vendor		Warranty PO#	
Maintenance Contract #		Maintenance Vendor	
Contract Expiration Date		# of Days Notify Exp.	
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Purchase Information:			
Purchase Date		Purchase Amount	
Estimated Life (yrs)	FAMIS Admin will enter	Purchase Order#	
Est Repl. Cost			

Please return this form with any attachments, photos, etc to <a href="mailto:rfwi@dspn.org">rfwi@dspn.org</a>.

<sup>\*\*</sup>Please see reverse side for additional information needed.

## **WisDOT/DSPN Roadside Facilities**

## **Asset Record Form**

Part Detail: Complete as much as possible					
Part #	Description/Size	Qty	Storage Room Area or Location		

Motor Detail: Complete as much as possible				
Description	Voltage			
Model #	Frame			
Serial #	Phase			
Manufacturer	Bearing Type/Size			
RPM	FLA			
НР	Drive			
HZ	Other			
Amperage	Other			

Schedule, Procedure, and Additional Comments:							
Frequency of PM: (Please check one	e)						
Monthly	Quarterly	Semi-Annually	Annually				
Starting month of each frequency: (Please select starting month from drop down list) If PM is already established, the established month will be used.							
Amount of time needed for this procedure (in minutes/hours):		Hours	Minutes				
Procedures for PM (if not already or	n file):						