



Start Up and Warranty Registration Form

Source Equipment / Vacuum Systems

Date of Start up: _____ Project Number: _____

Pre-start and initial start up procedures must be performed in accordance with instructions provided in the Amico Operation and Maintenance Manual

Start Up Representative	End User
Name: _____	Name: _____
Address: _____	Address: _____
Representative: _____	Representative: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____

Unit Information (located on the side of the control panel)

Model #: _____	Project #: _____	Ship Date: _____
Voltage: _____	System FLA: _____	Drawing #: _____ Rev.: _____

Installation (see manual for installation requirements)

Altitude of Installation: _____

Ambient Temperature: _____ Highest Expected Ambient Temperature: _____

Is system mounted level: Yes No Ventilation: Adequate Inadequate

Location/Room: _____ Primary Circuit Breaker: Single Multi-Feed

Primary Supply Voltage: _____ Primary Supply Amperage: _____

Service Access around equipment – Minimum 24" required: Yes No

Facility vacuum piping size: _____ Facility exhaust piping size: _____

Comments: _____

Pre-Start Checks (see manual for pre-start checks)

Pump Motor Nameplate Amps: _____ Overload Relay Setting: _____

Customer connections complete: Vacuum Exhaust Electrical

Exhaust drip legs installed on all vacuum pumps: Yes No

All shut off valves correctly positioned: _____ Oil level checked (if app – all pumps): _____

Direction of rotation checked/corrected on all pumps: Yes No

This form must be completed and returned to AS-TechSupport@amico.com within five days to register the unit for warranty.
You can find this form online at www.amico.com



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Project Number: _____

Operational Checks (see manual for start up procedures)

#1 Motor Volts:	L1-L2:	L2-L3:	L1-L3:
#2 Motor Volts:	L1-L2:	L2-L3:	L1-L3:
#3 Motor Volts:	L1-L2:	L2-L3:	L1-L3:
#4 Motor Volts:	L1-L2:	L2-L3:	L1-L3:
#5 Motor Volts:	L1-L2:	L2-L3:	L1-L3:
#6 Motor Volts:	L1-L2:	L2-L3:	L1-L3:

#1 Motor Amps:	L1:	L2:	L3:
#2 Motor Amps:	L1:	L2:	L3:
#3 Motor Amps:	L1:	L2:	L3:
#4 Motor Amps:	L1:	L2:	L3:
#5 Motor Amps:	L1:	L2:	L3:
#6 Motor Amps:	L1:	L2:	L3:
Vacuum switch settings:	Lead:	2nd:	3rd:
	4th:	5th:	6th:

Alternation verified: Yes No Noise & Vibration OK: Yes No

Hand-Off-Auto switch checked for proper operation: _____

Hand-Off-Auto switch left in which position (Auto recommended): _____

Relief valve setting (if applicable):	Pump 1:	Pump 2:	Pump 3:
	Pump 4:	Pump 5:	Pump 6:

Maximum vacuum obtained with system isolation valve closed: _____

Discharge temperature for all pumps normal: Yes No

Alarms checked: High Temp Lights: Yes High Temp Shutdown Function: Yes

Lag Pump Run: Yes

Oil level rechecked and topped off after running - all pumps (if applicable): Yes

System Status

Online Offline If Offline, for how long? _____

Comments:

We the undersigned, having observed the start up of this equipment, certify that the information given is true and correct to the best of our knowledge.

Amico Representative: _____ Date: _____

End User Representative: _____ Date: _____