



P.O. Box 4069 · Winston-Salem, NC 27115 · 800-648-4389 · 336-661-9893 · Fax: 336-661-9895

WARRANTY VALIDATION CARD

In order to validate your Limited Parts Warranty, this card must be completed IN FULL and forwarded to Warrantor within ten days after the installation has occurred.

MODEL NUMBER	DESCRIPTION	SERIAL NUMBER
	Voltage <input type="checkbox"/> 115 V <input type="checkbox"/> 208 V Phase <input type="checkbox"/> Single <input type="checkbox"/> 3-phase <input type="checkbox"/> Air cooled <input type="checkbox"/> Water cooled	

Customer / Owner _____
 INSTALLED AT: _____
 Address _____
 City _____ State ____ Zip _____
 Telephone _____

(DO NOT WRITE IN THIS BLOCK, CARPIGIANI USE ONLY)
 S.U.D.S. Credit To _____
 Amount _____
 Date Issued _____ Ref. No. _____
 Approved By _____

Sold By _____
 Company _____
 Address _____
 City _____ State ____ Zip _____
 Telephone _____

Installation Date _____
 Company _____
 Address _____
 City _____ State ____ Zip _____
 Telephone _____

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS. IF YOU HAVE ANY COMMENTS OR PROBLEMS, DESCRIBE IN THE BOX BELOW

MECHANICAL & REFRIGERATION		ELECTRICAL		OPERATIONAL TRAINING	
Checked for shipping damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Wiring Connections Tight	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Assembly & Lubrication Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Checked Belt Alignment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Machine Properly Grounded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sanitizing Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Checked Refrigerant Level	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Power/Voltage Supply (Input)	_____ Volts	Start-Up Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Suction Pressure/Head Pressure	_____ PSI	H.O.M. Cutout Amperage	_____ Amp	Operational Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Checked Water Valve Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Checked Front Microswitch Adjustment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Cleaning & Breakdown Procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Checked Mix Pump Output	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fuse/Breaker Size Used	_____ Amp	Operational Troubleshooting	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Unit in Level Position	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Generator/Transformer Used	_____	Manual & Spare Parts Kit Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Remarks / Missing Parts / Problems: _____

DEALER CERTIFICATION
 I have completed inspection of the above installation
 Signature _____ Date _____

OWNER CERTIFICATION
 The above installation has been checked and is operating satisfactorily.
 Signature _____ Date _____