



# Medical Vacuum System Start-up and Warranty Registration Form

Date of Start-Up: \_\_\_\_\_ System Serial Number: \_\_\_\_\_

*Pre-start and initial start-up procedures must be performed by an authorized representative of Patton's Medical.*

## Start-Up Representative:

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_  
Representative \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

## End User:

Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
ZIP \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

## Unit Information (Located on side of control panel)

Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Ship Date \_\_\_\_\_  
Voltage \_\_\_\_\_ System FLA \_\_\_\_\_ Drawing # \_\_\_\_\_ Rev. \_\_\_\_\_

## Installation

Ambient Temperature \_\_\_\_\_ Highest Expected Ambient Temperature \_\_\_\_\_  
System Mounted Level: Yes  No  Ventilation: Adequate  Inadequate   
Location/Room \_\_\_\_\_  
Supply Voltage /Amperage \_\_\_\_\_ / \_\_\_\_\_  
Service Access Around Equipment - 24" minimum required: Yes  No   
Facility Intake Piping Size \_\_\_\_\_ Facility Outlet Piping Size \_\_\_\_\_  
Any installation issues that need to be addressed: \_\_\_\_\_

## Pre-Start Checks

Pump Motor Nameplate Amps \_\_\_\_\_ Overload Relay Setting \_\_\_\_\_  
Connections Complete: Vacuum  Exhaust  Electrical   
Exhaust Drip Legs Installed on All Vacuum Pumps: Yes  No   
All Shut Off Valves Correctly Positioned: Yes  No   
Oil Level Checked (if applicable - all pumps) Yes  No   
Direction of Rotation Checked/Corrected on All Pumps: Yes  No   
All electrical connections tight: Yes  No



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## Operational Checks

#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 _____
#7 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____
#8 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 _____
#7 Motor Amps:	L1 _____	L2 _____	L3 _____
#8 Motor Amps:	L1 _____	L2 _____	L3 _____

Vacuum Settings:                      Lead \_\_\_\_\_      2nd \_\_\_\_\_      3rd \_\_\_\_\_      4th \_\_\_\_\_  
 Vacuum Settings:                      5th \_\_\_\_\_      6th \_\_\_\_\_      7th \_\_\_\_\_      8th \_\_\_\_\_

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

Relief Valve Settings:      #1 \_\_\_\_\_      #2 \_\_\_\_\_      #3 \_\_\_\_\_      #4 \_\_\_\_\_  
    #5 \_\_\_\_\_      #6 \_\_\_\_\_      #7 \_\_\_\_\_      #8 \_\_\_\_\_

Maximum Vacuum Obtained with System Isolation Valve Closed: \_\_\_\_\_

Discharge Temperature for All Pumps Normal:      Yes       No

Alarms Checked:      High Temp Lights      Yes       No       Lag Pump Run      Yes       No   
    High Temp Shutdown Function      Yes       No

Oil Level Re-Checked and Topped Off After Running - all pumps (if applicable):      Yes       No

## System Status

Left Online:       Turned Off       If off, for how long? \_\_\_\_\_



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Any problems that need to be resolved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*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. We also understand that any deficiencies listed on this report that are not corrected, may affect the warranty of this system.*

Patton's Medical Representative: \_\_\_\_\_ Date: \_\_\_\_\_

End User Representative: \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be completed and returned to Patton's Medical within five days to register the unit for warranty.***