

**VOGELSANG**

Service Manual

Service Manual
Pump Models:
VX Series Q Pumps

Start-Up Report & Checklist

**VOGELSANG**

Scheduled Date: _____ S/N: _____

CUSTOMER INFORMATION

End-User Contact Name: _____ VSO#: _____

End User Company: _____ Phone: _____

End-User City: _____ State: _____ Fax: _____

Distributor Salesperson: _____ Phone: _____

Distributor Company: _____ Fax: _____

UNIT TYPE ☐ Pump ☐ Rota-Cut **CONSTRUCTION** ☐ Iron ☐ Stainless Steel ☐ Tungsten Carbide
(Flamed on Coating)

LOBE MATERIAL ☐ NBR ☐ EPDM ☐ PUR ☐ FKM ☐ SBR

UNIT INFORMATION

Equipment Number: _____ Mounted on: ☐ Channel Base ☐ V-Belt Construction

Unit Serial Number: _____ Unit Model Number: _____

Flange Connections: Suction: ☐ Gooseneck ☐ 90° Elbow ☐ Straight ☐ Other: _____Discharge: ☐ Gooseneck ☐ 90° Elbow ☐ Straight ☐ Other: _____

MOTOR INFORMATION

Motor Manufacturer: _____ Model: _____ Serial Number: _____

HP: _____ RPM: _____ Gear Ratio: _____ Voltage: _____ Ø: _____ S.F.: _____ Enclosure: _____

Nameplate Amps: _____ Actual Amps: _____ Is there a VFD installed for this unit? Yes No

If so what is the Make & Model: _____

FLUID & DESIGN INFORMATION

Fluid Type: _____ Solids by weight (%): _____ Hours Running per day: _____

Capacity in (USGPM): Design: _____ Actual: _____ Flooded Suction: _____ ft

Pressure (PSI): Design: _____ Actual: _____ Suction Lift: _____ ft.

Other Information: _____

Pipe size: Suction Pipe _____ inches Discharge Pipe _____ inches

COMMENTS

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INSTALLATION INFORMATION

Is there a discharge pressure gauge installed? ☐ Yes ☐ No Suction pressure gauge? ☐ Yes ☐ No

Is there a high-pressure relief valve or control? ☐ Yes ☐ No Set MAX PSI at: _____

CHECKLIST

Please check the box if the item has been completed, or checked for proper installation. Add comments if necessary.

- | | |
|---|-----------------|
| <input type="checkbox"/> Base Plate Secure & Level | Comments: _____ |
| <input type="checkbox"/> Discharge & Suction Piping Secure | Comments: _____ |
| <input type="checkbox"/> Pump Gear Box Oil Filled to Correct Level | Comments: _____ |
| <input type="checkbox"/> Pump Gear Box Vent Plug Removed (If necessary) | Comments: _____ |
| <input type="checkbox"/> Pump Buffer Chamber Filled to Correct Level | Comments: _____ |
| <input type="checkbox"/> Buffer Chamber Oil Bottle Oil Level & Pressure Correct | Comments: _____ |
| <input type="checkbox"/> Motor or Geared Motor Greased and Oil Checked | Comments: _____ |
| <input type="checkbox"/> Proper Voltage supplied to Motor | Comments: _____ |
| <input type="checkbox"/> Correct Rotation Checked | Comments: _____ |
| <input type="checkbox"/> Discharge Valve Opened (During Unit Start-Up Operation) | Comments: _____ |
| <input type="checkbox"/> Suction Valve Opened (During Unit Start-Up Operation) | Comments: _____ |
| <input type="checkbox"/> Coupling, Motor, and Pump Aligned (Only on Channel Base) | Comments: _____ |
| <input type="checkbox"/> V-Belt Tension Checked (Only on V-Belt Base) | Comments: _____ |
| <input type="checkbox"/> Blade Tension Checked (Only for RotaCut) | Comments: _____ |
| <input type="checkbox"/> Oil Level for ACC Checked (Only for RotaCut) | Comments: _____ |

COMPLETION INFORMATION

Factory Authorized Person: _____ Date: _____

Company: _____ Title: _____

End-User Witness Person: _____ Date: _____

Company: _____ Title: _____

**THIS FORM MUST BE COMPLETED WITHIN 60 DAYS AND RETURNED TO
VOGELSANG AT (330) 296-4113 FOR WARRANTY TO BE VALID!**



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ADDITIONAL COMMENTS & NOTES


VOGELSANGThis image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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