



Start-Up Report & Checklist



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.

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

