



START-UP REPORT FOR SUBMERSIBLE PUMPS

This form is designed to provide assurance that customer service and a quality product are the number one priority with Keen Pump Company, Inc. Please fill out the following questions as completely and accurate as possible. When complete, mail this form to:

Keen Pump Company, Inc.
Attn: Warranty Department
471E State Route 250 East
Ashland, Ohio 44805
419-207-9400

REPORTS THAT ARE NOT RETURNED CAN DELAY OR VOID WARRANTY.

Date of Installation: _____
Pump Owner's Name: _____
Address: _____
Location of Installation: _____
Person in Charge: _____ Phone: (____) _____
Purchased From (Keen Pump Company, Inc. Representative/Distributor): _____

Pump Model: _____ Serial No. _____
Voltage: _____ Phase: _____ Hertz: _____ Horsepower: _____
Rotation: Direction of impeller rotation (Use C/W for clockwise, CC/W for counter-clockwise): _____
Method used to check rotation (viewed from bottom): _____
Does impeller turn freely by hand: Yes _____ No _____

Condition of equipment	Good _____	Fair _____	Poor _____
Condition of cable jacket	Good _____	Fair _____	Poor _____
Resistance of cable jacket	Good _____	Fair _____	Poor _____

Resistance of cable and pump motor (measured at pump control)
Red-Black _____ Ohms, Red-White _____ Ohms, White-Black _____ Ohms
Resistance of Ground Circuit between Control Panel and outside of pump _____ Ohms
MEG Ohms check of insulation:
Red to Ground _____ White to Ground _____ Black to Ground _____

Condition of equipment at Start-UP: Dry _____ Wet _____ Muddy _____
Was Equipment Stored? _____ Length of Storage _____
Describe station layout _____

Liquid being pumped _____
Debris in bottom of station? _____
Was debris removed in your presence? _____
Are guide rails exactly vertical? _____
Is Base Elbow Assembly installed level? _____

Liquid level controls: Type/Brand _____

Are level controls installed away from turbulence? _____

Operation Check:

Tip Lowest float (Stop Float), All pumps should remain off.

Tip second float (and Stop Float), one pump comes On.

Tip third float (and Stop Float), both pumps on (alarm on simplex).

Tip fourth float (and Stop Float), high level alarm on (omit on simplex).

If not Keen Pump level controls, describe type of controls _____

Does liquid level ever drop below volute top? _____

Keen Pump control panel part number and brand _____

Number of pumps operated by control panel _____

NOTE: At no time should holes be made in top of control panel, unless proper sealing devices are utilized.

Control panel manufactured by others _____

Company Name _____

Model Number _____

Short circuit protection _____ Type _____

Number and size of short circuit device(s) _____ Amp rating _____

Overload type _____ Size _____ Amp rating _____

Do protection devices comply with pump and motor Amp rating? _____

Are all connections tight? _____

Is the interior of the panel dry: _____

ELECTRICAL READINGS:

Single Phase:

Voltage supply at panel line connection, Pump Off, L1, L2 _____

Voltage supply at panel line connection, Pump On, L1, L2 _____

Amperage: Load connection, Pump On L1 _____ L2 _____

Three Phase:

Voltage supply at panel line connection, Pump Off, L1-L2 _____ L2-L3 _____ L3-L1 _____

Voltage supply at panel line connection, Pump On, L1-L2 _____ L2-L3 _____ L3-L1 _____

Amperage: Load connection, Pump On, L1 _____ L2 _____ L3 _____

FINAL CHECK:

Is pump seated on discharge properly? _____ Check for leaks? _____

Does check valve(s) operate properly? _____

Flow, Does station appear to operate at proper rate? _____ Pump down time _____

Noise level: High _____ Medium _____ Low _____

Comments: _____

Equipment difficulties during start-up: _____

MANUALS:

Has operator received pump instructions and parts manual? _____

Has operator received electrical control panel diagram? _____

Has operator been briefed on Warranty? _____

Address of local Keen Pump Company, Inc Representative /Distributor: _____

I have received the above information (Name of Operator) _____

Name of Company _____

Date: _____

I Certify this report to be accurate (Name of Start-Up person) _____

Employed By: _____ Date: _____

Date and time of Start-Up _____

Present at Start-Up

() Engineer: _____ () Operator: _____

() Contractor: _____ () Other : _____

To be filled out by factory:

Start-Up form checked by: _____

Date warranty registration mailed: _____