



Instructions: Please print, fill out, and mail the following form to the below address.

420 Third Street Piqua, Ohio 45356

START-UP REPORT

General Information

Pump Owner's Name:
Address:
Location of Installation:
Contact Person: Phone:
Purchased From:

Nameplate Data

Pump Model #: Serial #:
Part #: Impeller Diameter:
Voltage: Phase: Hertz: Horsepower:
Full Load Amps: Service Factor Amps:
Motor Manufacturer:

Controls

Control panel manufacturer:
Model/Part number:
Number of pumps operated by control panel:
Short circuit protection? YES NO 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? YES NO
Are all electrical and panel entry connections tight? YES NO
Is the interior of the panel dry? YES NO
Liquid level Control Brand and Model:

Pre-Startup

All Pumps

Type of equipment: NEW REBUILT USED
Condition of equipment at Start-Up: DRY WET MUDDY
Was Equipment Stored? YES NO Length of Storage:
Liquid being pumped: Liquid Temperature:
Supply Voltage/Phase/Frequency matches nameplate? YES NO
Shaft turns freely? YES NO
Direction of rotation verified for 3Ø motors? YES NO
Debris in piping or wet well? YES NO
Debris removed in your presence? YES NO
Pump case/wet well filled with liquid before startup? YES NO
Is piping properly supported? YES NO

Non-Submersible Pumps

Is base plate properly installed / grouted? YES NO N/A
Coupling Alignment Verified per I&O Manual? YES NO N/A
Grease Cup/Oil Reservoir Level checked? YES NO N/A

Submersible Pumps

Resistance of cable and pump motor (measured at pump control):

Red-Black: _____ Ohms(Ω) Red-White: _____ Ohms(Ω) White-Black: _____ Ohms(Ω)

Resistance of Ground Circuit between Control Panel and outside of pump: _____ Ohms(Ω)

MEG Ohms check of insulation:

Red to Ground: _____ White to Ground: _____ Black to Ground: _____

Operational Checks

Is there noise or vibration present? YES___ NO___ Source of noise/vibration: _____

Does check valve operate properly? YES___ NO___ N/A___

Is system free of leaks? YES___ NO___ Leaks at: _____

Does system appear to operate at design flow rate? YES___ NO___

Nominal Voltage: _____ Phase: 1Ø 3Ø (select one)

Voltage Reading at panel connection, Pump OFF: L1, L2 _____ L2, L3 _____ L1, L3 _____

Voltage Reading at panel connection, Pump ON: L1, L2 _____ L2, L3 _____ L1, L3 _____

Amperage Draw, Pump ON: L1 _____ L2 _____ L3 _____

Submersible Pumps

Are BAF and guide rails level / plumb? YES___ NO___

Is pump seated on discharge properly? YES___ NO___

Are level controls installed away from turbulence? YES___ NO___

Is level control operating properly? YES___ NO___

Is pump fully submerged during operation? YES___ NO___

Follow up/Corrective Action Required

YES___ NO___

Additional Comments:

Startup performed by: _____ Date: _____

Present at Start-Up

() Engineer: _____ () Operator: _____

() Contactor: _____ () Other: _____

All parties should retain a copy of this report for future trouble shooting/reference



A Crane Co. Company

PUMPS & SYSTEMS

420 Third Street
Piqua, Ohio 45356
(937) 778-8947
Fax (937) 773-7157
www.cranepumps.com

83 West Drive
Brampton, Ont. Canada L6T 2J6
(905) 457-6223
Fax (905) 457-2650