



DUNHAM-BUSH USA, LLC
1800 SE 38th Ave Homestead, FL 33173

Warranty Claim # : _____

Entry Date : _____

WARRANTY CLAIM FORM

(This form must be completed & submitted within 30 days from the date of failure for warranty consideration)

Sender Details	Consignee (ship to) Details
Name : _____	Name : _____
Email : _____	Address : _____
Phone No. : _____	_____
Company : _____	_____
Job Name : _____	_____
Installing Contractor : _____	_____
Commissioned by : _____	Contact : _____

UNIT DETAILS *(tick one only)* AHU Chiller Packaged Ice-Cel

Unit Model : _____ Unit S/No. : _____ F/O : _____

Ex-Factory Delivery Date : _____ Startup Date : _____ Failure Date : _____

FAULTY PART DETAILS *(tick one only)*

Compressor Component (Description) : _____ Qty : _____

Part Model : _____ Part S/No : _____ Running Hours : _____

a) Has this part previously failed? Yes No If **Yes**, please answer b)

b) Has this part been replaced from your spare part inventory? Yes No If **Yes**, please provide S/No.: _____

Failure Description:

Troubleshooting procedure in determining failure:

COMPLETE THIS SECTION FOR COMPRESSOR CLAIM (Mandatory. Please fill this info and submit together with T&C start up form otherwise claim will not be accepted by Factory.)

Refrigerant Type : _____ Oil Type : _____ Last Oil Analysis (Date) : _____

Last Oil Change (Date) : _____

Total Compressor Running Hours : _____ Total Compressor Cycles: _____ Unit Data Logging Provided? Yes No

Operational Voltage : _____ Hz : _____ Liquid Injection Used? Yes No

Rated Motor Current (Amp) : _____ Vapor Injection Used? Yes No

Compressor Insulation Test to Ground:

T1 _____ T2 _____ T3 _____ Starting Method DOL Soft Starter

T7 _____ T8 _____ T9 _____ VFD 2-Steps



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FOR FACTORY USE ONLY	Warranty Period (Years) _____	Unit : _____	Compressor : _____
<u>Determination</u>			
Proposed solution			

Replacement parts/Repair services to be supplied by :

Charges due DBM? Yes No

DBM to replenish stock? Yes No

Contingency PO received? Yes No