



DUNHAM-BUSH USA, LLC
11800 SE 38th Ave. Homestead, FL
33035 – USA
Phone: 786-800-9999

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 :	_____		
Phone No. :	_____	Address:	_____
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

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) _____

Compressor Insulation Test to Ground

T1 _____ T2 _____ T3 _____ Starting Method ☐ DOL ☐ Soft Starter

T7 _____ T8 _____ T9 _____ ☐ VFD ☐ 2-Steps