



IWAKI PUMPS AUSTRALIA

Troubleshooting evaluation checklist - AX series

Completion of this form will assist us to promptly evaluate abnormal operation

IDENTIFICATION:

NOTE: ALL information in this section must be completed before warranty evaluation can proceed

Customer name & site:

Customer contact Tel. no. fax no:

Pump model Serial no:

Invoice no. & date purchased:

ABNORMAL OPERATING SYMPTOM:

Briefly describe abnormal mechanical operating symptoms, if any:

USUAL OPERATING CONDITION

Fluid name, concentration & S.G:

Temperature:

Flooded suction or lift? m

Total discharge head in m:

Was the pump operating under the above conditions prior to abnormal symptom? Yes / no

If no, describe conditions:

Length of time in service:

DESCRIPTION OF VISIBLE DAMAGE / MISSING COMPONENTS IF ANY:

Are all flange connections intact? Y / N

Are the gearbox breathers fitted? Y / N

DESCRIPTION OF DRIVE FAULT IF ANY:

Indicate motor direction of rotation when viewed from fan end: CW / ACW

Is the motor & gear unit rotating freely, or seized? Rotating freely / seized

What is the discharge pressure shown on your gauge? Kpa

Is the gearbox oil level correct in the sight glass? Y / N

DESCRIPTION OF LIQUID END FAULT IF ANY:

Is any liquid leaking from the pump? Y / N If YES, describe location:

Is the pump suction receiving liquid? Y / N

Is a back pressure valve fitted? Y / N Is it installed at the dosing point? Y / N

Is the pump operating , but no liquid being discharged? Y / N

Is the pump operating, but at much reduced capacity? Y / N

Indicate length & I.D. of pipework: Suction: m / Discharge: m

INSPECTION DETAILS

Will you be returning the pump or damaged parts to us for inspection? Yes / no

Despatch method (freight paid) & date:

Thank you for your co-operation - please fax this form to your nearest IPA sales office.

SYDNEY – (02) 9899 2421 BRISBANE – (07) 3375 1806 MELBOURNE – (03) 9543 2391