



## FORM TO BE FILLED AT TIME OF AN EQUIPMENT FAILURE (1 PER PUMP)

**PUMP SERIAL NUMBER**

**SUCTION PRESSURE**

**DISCHARGE PRESSURE**

**SYSTEM PRESSURE**

**SYSTEM TEMPERATURE**

**MEASURE FLOW (OPT)**

**LIQUID**

**WAS THE SYSTEM CLEANED USING THIS PUMP ?**

YES

NO

**IS THE PUMP RUNNING WITH A VFD ?**

YES

NO

IN CASE OF A BASE MOUNTED PUMP PLEASE PROVIDE A ALIGNMENT REPORT AND A CLEAR PICTURE SHOWING THE PUMP WAS GROUTED.

**MODEL**

**SERIAL NUMBER**

**SUPPLIED BY COMPANY & PHONE NUMBER REQ**

**WHAT MODEL**

**HERTZ SETTING**

**MOTOR SERIAL NUMBER**

**MOTOR AMPS AT SHUT OFF**

**MOTOR AMPS VALVE IN THE BALANCE POSITION**



Please send this form to [service@flobab.com](mailto:service@flobab.com) & [parts@flobab.com](mailto:parts@flobab.com) with several installation pictures for each of your pump (one form per pump).



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**OUR LOCATIONS**

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