



Support Request and Report Form

The Request portion of this form (pages 1&2) must be completed by the contractor.

Please return completed form to Shelly Tetreault (stetreault@fiainc.com or via fax 781-933-3965)

We will confirm back to finalize startup date

Job Name

Address	City	State	Zip

FIA Salesperson	Contractor

Contractor PM	Contractor PM Phone	Contractor PM Email

Job Site Contact	Contact Phone	Contact Email

Alternate Contact	Alternate Contact Phone	Alternate Contact Email

Date of Request	Alternate Dates	Jobsite Hours

Unit 1	Manufacturer	Model Number	Serial Number

Unit 2	Manufacturer	Model Number	Serial Number

Unit 3	Manufacturer	Model Number	Serial Number

Unit 4	Manufacturer	Model Number	Serial Number

NOTE: If equipment is operated with any of the safety and or warranty discrepancies listed in the Notes Section, the customer could be responsible for any and all safety issues and/or non-warranty damage to the equipment caused by equipment operation.

Customer



Unit 5	Manufacturer	Model Number	Serial Number
Unit 6	Manufacturer	Model Number	Serial Number
Unit 7	Manufacturer	Model Number	Serial Number
Unit 8	Manufacturer	Model Number	Serial Number

Types of Support Requested:

Start UP

Warranty

Owner Training

Pre-Natal

Other Describe:

Yes No N/A

Pre-StartUp Checklist

Are the Pumps Piped?

Are the Pump bases grouted?

Is the system filled?

Are the gauges mounted in the proper locations?

Are the pumps wired?

 Are there Variable speed drives controlling the pumps?

 If so have they been started?

 Can the pumps be run in bypass/hand?

Can the pumps be run?

Are there chemicals in the system?

Special Jobsite Requirements (safety, health, etc...)



FIA INC.

Startup/Support Report Notes and Drawings Form

Work Order Number:	Job Name:

Additional Instructions/Work to be Completed
