

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 P	Contractor PM Email		
Job Site Contact			Contact Phone		Contact Ema	Contact Email		
Alternate Contact			Alternate Contact Phone		Alternate Contact Email			
Date of Request			Alternate Dates		Jobsite Hours			
Unit 1 Manufacture		/lanufacturer	r Model Number			Serial Number		
Unit 2 Manufacture		lanufacturer		Model Number		Serial Number		
Unit 3 Manufacture			Model Number		Serial Number			
Unit 4	N	/anufacturer		Model Number		Serial Numbe	or	
Unit 4	IV	Idhuideturei				Senariumo		

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
Un Chacklist			105	NO	14/71

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?

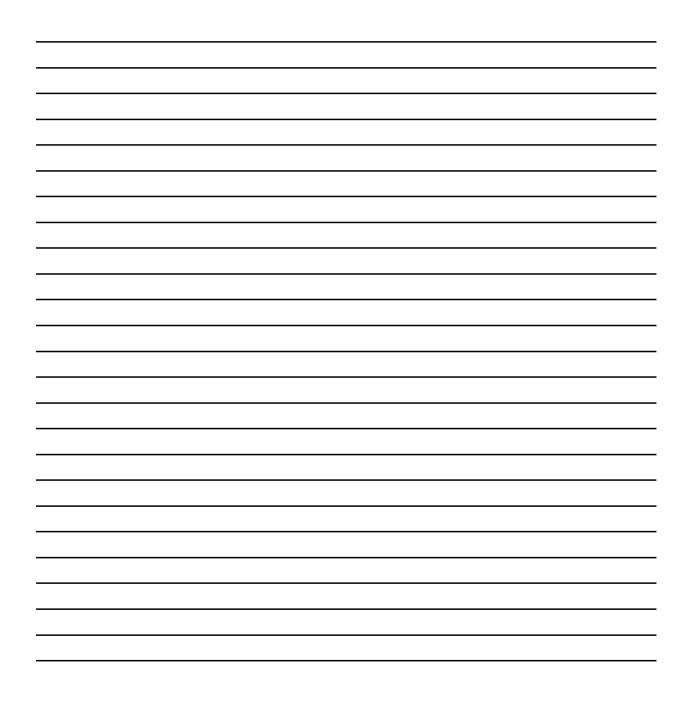
Special Jobsite Requirements (safety, health, etc...)



Startup/Support Report Discrepancy Information Form

Discrepancy Notes:

(List any discrepancies. Label the type: safety, warranty, or other as applicable)





Startup/Support Report Notes and Drawings Form

Work Order Number:	Job Name:

Additional Instructions/Work to be Completed