



Name of Manufacturer ADVANTAGE MFG., INC.
 Company Name of Installer _____
 Contact Name of Installer _____
 Address of Installer _____
 City & State _____
 Phone Number of Installer _____
 Email of Installer _____
 Customer Name _____
 Address of Customer _____
 Phone Number of Customer _____
 Email of Customer _____

NO. _____
 Date of Invoice or Report _____
 Date put in Service _____
 Date of Failure _____
 MFG. of Driven Machine _____
 Type of Driven Machine _____

Type	Frame	Model/ Style	HP/KW	Volts	Cycles	PH	RPM
Temp Rise C	Serial No	Horsepower	RPM	Single Speed	2 Speed	Type of Pump	

Complaint:

Was anyone hurt? If, yes, please explain what happened in an attachment _____
 Was any property damaged? If, yes, please explain what happened in an attachment. _____
 Was an insurance claim filed? If so, with whom? What is the claim number? _____
 Did you see any symptoms before the failure? _____
 What Voltage was the motor connected to? _____
 What is the amperage or size of the breaker? _____
 Where is the motor now and how can we get it back? _____

X = Condition Responsible for Failure
 A check = other conditions found

- | | |
|---|--|
| <p>STATOR</p> <p><input type="checkbox"/> 11 Shorted</p> <p><input type="checkbox"/> 12 Open</p> <p><input type="checkbox"/> 13 Grounded</p> <p><input type="checkbox"/> 14 Completely Burned</p> <p><input type="checkbox"/> 15 Phase winding burned or single Phased 3PH. Winding</p> <p><input type="checkbox"/> 16 Main Winding Burned</p> <p><input type="checkbox"/> 17 Leads broken or Disconnected</p> <p><input type="checkbox"/> 18 Leads Marked or Connected Wrong</p> <p>CAPACITOR</p> <p><input type="checkbox"/> 21 Shorted</p> <p><input type="checkbox"/> 22 Open</p> <p>ROTOR or ARMATURE</p> <p><input type="checkbox"/> 30 Shorted</p> <p><input type="checkbox"/> 31 Open</p> <p><input type="checkbox"/> 32 Grounded</p> <p><input type="checkbox"/> 33 Completely Burned</p> <p><input type="checkbox"/> 34 Shaft -Explain</p> <p><input type="checkbox"/> 35 Fan Broken or Loose</p> <p><input type="checkbox"/> 36 Centrifugal Mechanism</p> <p><input type="checkbox"/> 37 Commutator or Collector Rings Worn or Damaged</p> <p><input type="checkbox"/> 38 Brushes Worn or Stuck in Holders</p> <p><input type="checkbox"/> 39 Out of Balance</p> <p>SWITCH</p> <p><input type="checkbox"/> 41 Out of Adjustment</p> <p><input type="checkbox"/> 42 Damaged</p> <p><input type="checkbox"/> 43 Contacts Burned</p> <p><input type="checkbox"/> 44 contacts Loose or Missing</p> <p><input type="checkbox"/> 45 Shunt Leads Burned or Broken</p> <p><input type="checkbox"/> 46 Relay- Explain</p> | <p>TERMINAL BOARD</p> <p><input type="checkbox"/> 51 Terminal Board</p> <p><input type="checkbox"/> 52 Terminals Loose</p> <p><input type="checkbox"/> 53 Terminals Burned</p> <p>THERMAL PROTECTOR</p> <p><input type="checkbox"/> 61 Cycling or Premature Trip</p> <p><input type="checkbox"/> 62 Non- Resetting</p> <p>BEARINGS & LUBRICANT</p> <p><input type="checkbox"/> 71 Leaking Oil</p> <p><input type="checkbox"/> 72 Wicking Dry</p> <p><input type="checkbox"/> 73 Wicking Missing</p> <p><input type="checkbox"/> 74 Wicking Off Shaft</p> <p><input type="checkbox"/> 75 Bearing Worn or Loose In Housing</p> <p><input type="checkbox"/> 76 Bearing Tight</p> <p><input type="checkbox"/> 77 Bearing Rough - Explain</p> <p><input type="checkbox"/> 78 Rotor Rubs Stator</p> <p>HOUSING or BRACKETS</p> <p><input type="checkbox"/> 81 Cracked or Broken</p> <p><input type="checkbox"/> 82 Bent or Distorted</p> <p><input type="checkbox"/> 83 Damaged -Explain</p> <p><input type="checkbox"/> 84 Faulty Manufacture-Explain</p> <p>MISCELLANEOUS</p> <p><input type="checkbox"/> 91 Magnetic Noise</p> <p><input type="checkbox"/> 92 Mechanical Noise</p> <p><input type="checkbox"/> 93 Excessive End-Play</p> <p><input type="checkbox"/> 94 Base or Mounting Parts</p> <p><input type="checkbox"/> 95 Wrong Speed or Rotation</p> <p><input type="checkbox"/> 96 Other - Explain</p> |
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Remarks and/or repairs made

	Parts used /part number	Each	Net Price
Labor	Hours at		
Flat Rate			
Total Billing			

Service Station: _____

Signature: _____

For Manufacturers Use Only