



A Division of Unit Liner Company

Test Data Form for Warranty Evaluation of Submersible Pumps

(Please COMPLETE this evaluation in full and return with any pump return)

Date of test: ___/___/___

Customer's Name: _____ Phone # _____

Ship to: (if different from billing) _____

Date of Customer Purchase: ___/___/___ Invoice No. _____

Pump Make _____

Pump Model # _____ Pump Serial # _____

Has there been a previous warranty claim for this customer on the same application? ___yes ___no
If so, what was the date? ___/___/___

If there has been a previous claim, does this pump display the same symptoms as the last warranty claim?
___yes ___no

Is there physical damage to the motor or pump case? ___yes ___no
If so, please describe: _____

Is there damage to the power cord or cord grommet? ___yes ___no
If so, please describe: _____

Is there damage to the impeller or debris lodged in the impeller case? ___yes ___no
If so, please describe: _____

Will the impeller turn freely by hand? ___yes ___no

When plugged in will the pump start? ___yes ___no

Is there noise from the bearings in the pump? ___yes ___no

Did the GFCI trip when the pump was plugged in? ___yes ___no

(Note: All pumps should be on their own circuit. Make sure you are not overloading a circuit which is tripping the GFCI or breaker.

Reason for return: _____

Comments or additional data: _____

Customer Signature: _____