



MaxMotion

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MAXMOTION MOTOR WARRANTY REPORT

Name: _____
 Address: _____
 Date : _____
 Cust no.: _____ Warranty No.: _____
 Company making claim: _____ Fab Month: _____ Install Month: _____

NAMEPLATE DETAILS	FRAME	HP	RPM	PHASE	Hz	INSLN	CONNECTION
	RATING	VOLTS	AMPS	SER. No.		ENCLOSURE	MFG. CODE

REPORT ON MOTORS

1. WINDINGS : <input checked="" type="checkbox"/> Wet, damaged, dirty _____ Internal leads damaged _____ Internal leads grounded _____ Winding open circuit _____ Winding single-phased _____ Shorted coils or group _____ Failure in slot _____ Phase to ground _____ Within a group _____ Across layer ; Outer to mid _____ Across layer ; Mid to inner _____ Same layer ; Phase to phase _____ Load joint fault _____ Load to winding _____ Connection end (yes/no) _____ Fault position: _____ o'clock _____	2. FRAME / ENDSHIELDS : <input checked="" type="checkbox"/> Frame broken _____ Frame damaged _____ Endshield broken _____ Endshield damaged _____ Feet broken _____ Term. Box broken _____ Fan broken _____ 4. BEARINGS : Ball bearing(s) noisy _____ Ball bearing(s) loose on shaft _____ Ball bearing(s) tight on endshield _____ No lubrication _____	3. MISCELLANEOUS : <input checked="" type="checkbox"/> Wrong speed _____ Wrong HP _____ Wrong Type _____ Wrong Hz _____ Noisy (mechanical) _____ Noisy (electrical) _____ Wrong internal connection _____ 5. THERMOSTATS / THERMISTORS : Grounded _____ Open circuit _____ Spurious trip _____
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6. ROTOR & SHAFT <input checked="" type="checkbox"/> Shaft bent or damaged _____ Shaft broken _____ Keyway damaged _____ Keyway incorrect _____ Rotor rubbing in bore _____ Rotor core loose _____	7. OTHER FAULTS : _____ _____ _____ _____	8. OTHER RELEVANT DETAILS : _____ _____ _____ _____
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9. DATE MOTOR IN SERVICE : _____ **10. DRIVE** Direct: _____ Pulley : _____

11. PARTS USED _____ _____ _____ _____	COST \$ _____ \$ _____ \$ _____ \$ _____ \$	12. TOTAL COST Parts _____ \$ Labor _____ \$ Transport _____ \$ GRAND TOTAL _____ \$
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13. ACTION TAKEN / RECOMMENDED : _____

14. MOTOR REPLACED : YES : _____ NO : _____ (If yes, nameplate must be attached and one copy of this report retained)

Credited/Replaced on:

Signature _____
Name of Company : _____