



4087 Walden Ave.
Lancaster, NY 14086
716.685.4040 p.
716.685.1010 f.

Desiccant Warranty Claim Report

INSTRUCTIONS: *Authorization must be obtained before work is performed.* A service technician shall complete and return this form (or standard form), a distributor invoice may accompany the report. The service report will be used to speed the process of all claims, it should be as accurate and complete as possible. Claims without authorization will be denied.

SERVICE DATE: _____

Authorization #

START-UP DATE: _____

| | |
|-------------------------|-------------------------|
| Distributor: _____ | End User: _____ |
| Address: _____ | Address: _____ |
| Contact: _____ | Contact: _____ |
| Phone: _____ Fax: _____ | Phone: _____ Fax: _____ |
| Email: _____ | Email: _____ |

| | |
|--------------------------|------------------------------------|
| Dryer Information | Dryer Model: _____ Serial #: _____ |
| | Special Options: _____ |
| | Service Technician: _____ |

| | |
|-------------------|--|
| Conditions | Ambient Temp: _____ Operating Pressure: _____ Compressor HP: _____ |
| | Inlet Flow: _____ Inlet Temp: _____ |

| | |
|--------------------|---|
| TW Settings | Purge Setting: _____ Board Setting: _____ 100% Load _____ 75% Load _____ 50% Load |
| | _____ Short Cycle _____ E _____ F _____ G _____ Test CycleLoc _____ |
| | Pressure: _____ Left Tower _____ Right Tower _____ Purge Gauge |
| | Status Lights: (x-when on) Drying: _____ Left _____ Right Regenerating: _____ Left _____ Right Repressurizing _____ |
| | Dew Point (optional): _____ |

| | | |
|---|--|--|
| TWP /TWB Settings | Heater Thermostat Setting: _____ | PLC Status Lights: _____ |
| | Toggle Switch Position: _____ Heated _____ Heatless: _____ | (indicate which LED's are on) _____ |
| | PowerLoc: _____ ON _____ Off | PowerLoc (optional): _____ Dew Point _____ D.C. Active |
| | Manual Stepping: _____ ON _____ Off | _____ Regen. _____ High Humidity |
| | Left Tower Temp: _____ Top _____ Bottom _____ PSIG | Incoming Power _____ L1 _____ L2 _____ L3 |
| | Right Tower Temp: _____ Top _____ Bottom _____ PSIG | Blower Discharge Pressure: _____ |
| | Heater Temp: _____ Purge Setting: _____ | Blower Discharge Temp: _____ |
| | Status Lights: (x-when on) | Blower Amp Draw: _____ L1 _____ L2 _____ L3 |
| | Left Tower: _____ Drying: _____ Regenerating: _____ | Heater Amp Draw: _____ L1 _____ L2 _____ L3 |
| | Right Tower: _____ Drying: _____ Regenerating: _____ | Total Amp Draw (TWB ONLY): _____ |
| Heating: _____ Repressurizing: _____ Blower On: _____ | | |



Desiccant Invoice Information

| | |
|-----------------------|-------|
| Work Performed | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |
| | _____ |

Problem Code

| | | |
|---|--------------|---|
| Labor Hours: _____ @ Max \$65 / Hr. = _____ | Total | Based on 80% distributors published rates Maximum of \$65/hr |
| Travel Hours: _____ @ \$35.00 / Hr. = _____ | Total | Maximum 4 Hour |
| Mileage: _____ @ \$.45 / Mi. = _____ | Total | Maximum 200 Miles round trip |

| Repair Parts Supplied By Factory | Qty used | Part # | Description |
|---|----------|--------|-------------|
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| Repair Parts Supplied By Distributor | Qty used | Part # | Description |
|---|----------|--------|-------------|
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| | | Models in SCFM | | |
|------|---|-------------------------------|-----------|-------------|
| | | 10 to 55 | 75 to 800 | 1000 and Up |
| Code | Description | Allotted Hours | | |
| 1 | Troubleshooting/Heatless | 1 | 1 | 1 |
| 2 | Troubleshooting/Heated | NA | 1 | 1 |
| 3 | Inlet or Exhaust Valve Rebuild or Replace | NA | 1 | 1 |
| 4 | Inlet Switching Valve/Rebuild or Replace | 1 | NA | NA |
| 5 | Purge or Outlet Check Valve Rebuild/Replace | 1 | 1 | 1 |
| 6 | Purge Regulator Replacement | 1 | 1 | 1 |
| 7 | Control Solenoid Replacement | 1 | 1 | 1 |
| 8 | Contactor Replacement | NA | 1 | 1 |
| 9 | Relay Replacement | NA | 1 | 1 |
| 10 | Heater Temp. Control Replacement | NA | 1 | 1 |
| 11 | Heater Over Temp. Control Replacement | NA | 1 | 1 |
| 12 | Thermocouple Replacement | NA | 1 | 1 |
| 13 | Control Board Replacement (Heatless) | 1 | 1 | 1 |
| 14 | Control Center Replacement | NA | 1 | 1 |
| 15 | Gauge Replacement | 0.25 | 0.25 | 0.25 |
| 00 | Drain Solenoid Replacement | Labor Not Covered, Parts Only | | |

R= Replace
 NA= Not Applicable
 CF= Consult Factory