



Service Agreement Audit

CONTACT INFORMATION

PREPARED BY

Company Name:	LuAnn Utterback	Today's Date:
Contact Name:	641-676-5422	Reason for Visit: One (1) Year Service Agreement
Contact Phone Number:	luann.utterback@cablevey	Service Agreement #
Contact Email:		Valid Thru:
Company Address:		Customer #
Town, State, Zip Code:		
Type of System: _____	Product Conveyed: _____	

	Yes	No	COMMENTS
1. Inspect joint connections for gaps and obstructions along the length of the system.			
2. Verify travel direction of the motor is correct.			
3. Verify toothpicks at drive and turn around are set correctly.			
4. Inspect sprockets on drive and turn around for excessive wear.			
5. Inspect sweeps for imperfections.			
6. Verify protector proximity switch; VFD (Variable Frequency Drive) is set to immediate stop.			
7. Verify the cover safety switch (if equipped) is wired as shown on electrical schematic.			
8. Verify male and female cable connectors at the turnaround(s) are installed correctly.			
9. Verify snap ring is inserted into the female connector correctly.			
10. Inspect cable for imperfections.			
11. Verify cable is installed correctly.			
12. Inspect slack in cable.			
13. Verify turnaround carriage has been set to correct position.			
14. Verify tensions are at required settings.			
15. Run camera through length of system looking for:			
a. Ovality in tubes			
b. Misaligned tubes			
c. Obstructions in the system			
d. Gaps in tubes (0-.0120 max)			
e. Foreign material			
f. Buildup in tubes			
16. Record all data for Service Report (amperage, hertz and fill levels).			
a. Amperage _____			
b. Hertz _____			
c. Fill levels _____			

Signatures Required After Audit Has Been Completed

Service Technician: _____	Date: _____
Customer: _____	Date: _____
Service Engineering Manager: _____	Date: _____

Additional Comments:

P.O. Box 148, 2397 HWY 23, Oskaloosa, Iowa 52577

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