Manitowoc Ice
2110 S 26th St / PO Box 1720
Manitowoc, WI 54221-1720
Telephone: 844 724 2273
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Web Site – www.manitowocice.com

Manitowoc Ice Machine Start and Inspect Report

Authorization No. _____

MANITOWOC ICE MACHINE INSTALLED AT
NAME _____
ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP CODE _____

SERVICE AGENT INFORMATION
NAME _____ E-MAIL _____
ADDRESS _____ PHONE NO. _____
CITY STATE ZIP CODE

SPECIAL INSTRUCTIONS:
1. This inspection is authorized by Manitowoc. This form must be completed and signed by the Factory Authorized Servicer, and submitted to Manitowoc within 5 days of install.
2. The signed original must be mailed to Manitowoc. Keep a copy for your records.
3. All requested information must be furnished to insure prompt payment.
4. Immediately advise customer concerning any installation deficiencies and note in comment section.

	SERIAL NUMBER (S)	INSTALLED DATE
ICE MACHINE		
DISPENSER OR STORAGE BIN		
REMOTE CONDENSER		

Was machine running when you arrived? Yes _____ No _____

A. INSTALLATION INSPECTION:

1. Is ice machine level?	Yes _____	No _____
2. Does plumbing, electrical, and refrigeration meet local, state and national codes?	Yes _____	No _____
3. Has the supply voltage been tested and checked against the rating on the nameplate?	Yes _____	No _____
4. Has minimum air clearance around ice machine been provided as stated in installation instructions?	Yes _____	No _____
5. Has the air baffle been installed on air-cooled models?	Yes _____	No _____
6. Is the air filter in place?	Yes _____	No _____
7. Is the ice machine installed where ambient temperatures will not vary below 35°F (1.6ºC) (50ºF (10ºC) for QM20/30) or above 110°F (43.4ºC)?	Yes _____	No _____
8. Is incoming water temperature range 35°F (2ºC)/90°F (32ºC)?	Yes _____	No _____
9. Are all drain lines run separately and vented?	Yes _____	No _____
10. Has bin and ice machine been sanitized?	Yes _____	No _____

B. OPERATIONAL CHECKS:

1. Record voltage at compressor start-up _____		
2. Is the water inlet system working properly?	Yes _____	No _____
3. Is dump valve/siphon system operating?	Yes _____	No _____
4. Does auto shut-off work properly?	Yes _____	No _____
5. Does master toggle switch function in all three positions?	Yes _____	No _____
6. Is ice cube size set per Install Use and Care Manual?	Yes _____	No _____
7. If IB ice machine, has the ice level probe been turned into position?	Yes _____	No _____
8. Record time for unit to freeze and harvest one batch of ice _____minutes.		
9. Ambient temperature _____°F/ºC. Water temperature _____°F/ºC.		

C. REMOTE UNITS ONLY:

10. What make of condenser is installed, if other than Manitowoc? _____ Is there a headmaster in this system at the condenser?	Yes _____	No _____
11. If not a Manitowoc line set, what diameter remote tubing lines are used? Discharge _____ inches. Liquid _____ inches.		
12. Are the lines insulated per the Install Use and Care Manual?	Yes _____	No _____
13. Did you leak check the remote tubing connections?	Yes _____	No _____
14. Have receiver service valves or line set valves been opened?	Yes _____	No _____
15. Are the remote lines installed within installation instruction specifications?	Yes _____	No _____
16. If line set rise exceeds 20' (6M), has S-trap been installed? (QuietQube™ only)	Yes _____	No _____
17. Are Schrader valve caps and/or line set valve caps on and tight?	Yes _____	No _____
18. Does the remote condenser fan operate properly? (After start-up)	Yes _____	No _____
19. Is remote condenser located where ambient temperatures will not vary below -20°F (-29ºC) or above +120°F (49ºC)? (QuietQube™ 120°-130ºF (49ºC-54ºC))	Yes _____	No _____
20. Complete the attached diagram and return with S & I Report Form to Manitowoc.		

D. AUTOMATIC CLEANING SYSTEM ONLY:

1. Have you provided a bottle of cleaner or sanitizer with the system?	Yes _____	No _____
2. Has the hose been primed on the Automatic Cleaning System after install?	Yes _____	No _____

E. USER EDUCATION:

1. Has owner/operator been instructed regarding operation and cleaning?	Yes _____	No _____
2. Has owner/operator Use and Care Guide been left with owner/operator?	Yes _____	No _____

F. DID YOU ADVISE USER THAT YOUR COMPANY IS THE MANITOWOC FACTORY AUTHORIZED SERVICER IN THIS AREA? Yes _____ No _____

G. DID YOU ADVISE MANITOWOC OF ANY CONCERNS OVER THIS INSTALLATION? Yes _____ No _____
COMMENTS: _____

SERVICE COMPANY CERTIFICATION: I have completed inspection of the above installation.

_____ Technician's Signature
_____ Customer's Signature (as needed)
_____ Date