

Air Products – Complaint/Fault report

The purpose of this format is to speed up the informative flow in the case of complaint. It must be filled in before opening the claim and attached in the section “Comments & Attachments” of the claim format in CSS. This information is basic to start investigation, but it does not exclude further requests of information from the IP within CSS.

NOTE: IF THIS REPORT IS INCOMPLETE, WE CANNOT MANAGE THEM AT ALL, OR ONLY AFTER A CERTAIN DELAY.

1a CUSTOMER DATA		
Company	Name	
	Address	
Contact person		
Phone number		
e-mail		
1b ORDER DATA		
Sales Order	SO	
Serial Number	AA	
Installation site address		

2a DETAILS TO THE FAILURE			
Date of failure			
Working situation before the failure	<input type="checkbox"/> Indoor	Room Temp.	Room Rh.
	<input type="checkbox"/> Outdoor	Ambient Temp.	
Working hours until failure			
Part or component of the same unit failed already at earlier stage?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Continuous operation	<input type="checkbox"/> YES		
	<input type="checkbox"/> NO	→ Average starts x hour	
2b DETAILS TO THE FAILURE			
Wrong items / missing components	<input type="checkbox"/> YES	→ complete section Failure of component	
Transport damage	<input type="checkbox"/> YES		
Fault during start-up	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Fault during warranty time	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Electrical component	<input type="checkbox"/> YES	→ complete section Failure of electrical component	
Performance & Refrigeration	<input type="checkbox"/> YES	→ complete section Failure of Performance & Refrigeration	

FAILURE OF ELECTRICAL COMPONENT

FAN DEFECT

FAN DATA			
Number of defected fans			
Brand of fan	<input type="checkbox"/> EBM PAPST	<input type="checkbox"/> HIDRIA	<input type="checkbox"/> ZIEHL ABEEG
	<input type="checkbox"/> VIP	<input type="checkbox"/> ABB	<input type="checkbox"/> SIEMENS
	<input type="checkbox"/> LAFERT	<input type="checkbox"/> other	
Serial number SN and Item number IN of fan(s)	SN	IN	
	SN	IN	
	SN	IN	
	SN	IN	
Are the fans periodically powered also in case of not operative period of the unit?	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Is there ice in the blade?	<input type="checkbox"/> YES		<input type="checkbox"/> NO

FAN POWER SUPPLY DATA			
Voltage (V)			
Frequency (Hz)			
Neutral conductor available	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Proper PE connection	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Type of network	<input type="checkbox"/> TT	<input type="checkbox"/> TN-C	<input type="checkbox"/> IT
Power supplied from Electricity generator	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Power supplied from UPS	<input type="checkbox"/> YES		<input type="checkbox"/> NO
Type of protection	<input type="checkbox"/> Automatic circuit breaker <input type="checkbox"/> Protective motor switch <input type="checkbox"/> Residual current device <input type="checkbox"/> Protection at unit <input type="checkbox"/> Fuses		
If FUSES installed	Number of fans per fuse		
	Fuse rating (A)		
	Fuse characteristics		
Unit installation	<input type="checkbox"/> HORIZONTAL		<input type="checkbox"/> VERTICAL

DEFECT CLASSIFICATION	
<input type="checkbox"/>	Mechanical (noise, vibration, imbalance, ...)
<input type="checkbox"/>	Case corrosion
<input type="checkbox"/>	Water in the terminal box
<input type="checkbox"/>	Electrical (power consumption, wiring, ...)

AC FAN: must be filled ONLY if AC fan is installed					
Regulation system installed	<input type="checkbox"/> YES	<input type="checkbox"/> Inverter	Brand		
			Model		
			All-pole sinusoidal filter installed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			cables shielded installed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> cut phase	Brand		
			Model		
	<input type="checkbox"/> other	Brand			
		Model			
	<input type="checkbox"/> NO	Current absorbed	I1 (A)		
			I2 (A)		
			I3 (A)		
		Number of starts per hour			
Thermo contact connected TK				<input type="checkbox"/> YES	<input type="checkbox"/> NO

EC FAN: must be filled ONLY if EC fan is installed		
Fan controlled by	<input type="checkbox"/> Modbus <input type="checkbox"/> Sensor <input type="checkbox"/> 0-10V <input type="checkbox"/> 4-20mA <input type="checkbox"/> Other: specify	
The fan is always powered also in case of not operative period of the unit?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any add-on modules integrated or are there any sensors connected directly to the motor?	<input type="checkbox"/> YES	→Type: _____
	<input type="checkbox"/> NO	
Internal fan parameters have been set by customer?	<input type="checkbox"/> YES	Values set: _____ _____
	<input type="checkbox"/> NO	
Check LED/error message. (only for ZA: details in the fan manual)		

CONTROLLER: must be filled ONLY if CONTROLLER is installed				
Type of controller	<input type="checkbox"/> PTec	Year of construction		
	<input type="checkbox"/> IR33	Year of construction		
		RS485 installed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> ICM PC05	Year of construction		
		B1 input	<input type="checkbox"/> NTC Probe	
			<input type="checkbox"/> 4-20mA Probe	
			<input type="checkbox"/> Ratiometric probe	
			<input type="checkbox"/> external signal	
		B2 input	<input type="checkbox"/> NTC Probe	
		B3 input	<input type="checkbox"/> NTC Probe	
		B4 input	<input type="checkbox"/> PT1000 Probe	
		B6 input used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		ID2 input used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	IF Serial connection installed	<input type="checkbox"/> RS485		
		<input type="checkbox"/> Pco Web Ethernet		
	<input type="checkbox"/> PROLOG	Year of construction		
		AI1 input	<input type="checkbox"/> NTC Probe	
			<input type="checkbox"/> 4-20mA Pres. Probe	
		AI2 input	<input type="checkbox"/> NTC Probe	
			<input type="checkbox"/> 4-20mA Pres. Probe	
			<input type="checkbox"/> 4-20mA remote master control signal	
			<input type="checkbox"/> 0-10V remote master control signal	
			<input type="checkbox"/> 4-20mA remote setpoint signal	
		<input type="checkbox"/> 0-10V remote setpoint signal		
		AI4 input	<input type="checkbox"/> NTC Probe amb. T.	
		AI5 input	<input type="checkbox"/> NTC Probe	
		AI7 input	<input type="checkbox"/> 4-20mA adiab. Panels FlowMeter	
AI8 input		<input type="checkbox"/> 4-20mA Press. Probe (spray water)		
Monitoring of water quality (pH and conductivity)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
MODBUS RTU over RS485 in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

		MODBUS TCP over Ethernet in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> PROLOG LITE	Year of construction			
		AI1 input	<input type="checkbox"/> NTC Probe		
			<input type="checkbox"/> 4-20mA Pres. Probe		
		AI2 input	<input type="checkbox"/> NTC Probe		
			<input type="checkbox"/> 4-20mA Pres. Probe		
			<input type="checkbox"/> 4-20mA remote master control signal		
			<input type="checkbox"/> 0-10V remote master control signal		
		<input type="checkbox"/> 4-20mA remote setpoint signal			
		<input type="checkbox"/> 0-10V remote setpoint signal			
		AI3 input	<input type="checkbox"/> 4-20mA Pres. Probe		
AI4 input	<input type="checkbox"/> NTC Probe amb. T.				
AI5 input	<input type="checkbox"/> NTC Probe				
		MODBUS RTU over RS485 in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Error message	<input type="checkbox"/> YES → provide picture of the error message			<input type="checkbox"/> NO	

PICTURE & VIDEO REQUIRED - Mandatory	
C	Site installation (goods storage and environment)
D	Fan
E	Rating plate of fan
F	electrical connection (internal connection of the terminal, cabling via the cable gland, ...)
G	Mechanical damage (if any)
H	Corrosion (if any)
I	View of the unit from all sides

*The above mentioned photo/video are mandatory documentation.
If this information is missing, the claim cannot be processed.*

**A SERVICE NUMBER will be sent you upon registration of your request.
This SERVICE NUMBER must be always mentioned in the subject of future correspondence**

FAILURE OF PERFORMANCE & REFRIGERATION

COOLER INSTALLATION

Type of chilled goods	<input type="checkbox"/> Fish <input type="checkbox"/> Fruit <input type="checkbox"/> Vegetables <input type="checkbox"/> Salted food <input type="checkbox"/> Food washed with warm water <input type="checkbox"/> Fried food <input type="checkbox"/> Acidified food <input type="checkbox"/> other: specify
Type of environment	<input type="checkbox"/> Chemistry <input type="checkbox"/> Agriculture <input type="checkbox"/> Desert <input type="checkbox"/> Tropical area <input type="checkbox"/> Coastal area <input type="checkbox"/> Offshore <input type="checkbox"/> other: specify
Dust in the environment	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

LEAKAGE

Leakage	<input type="checkbox"/> YES	<input type="checkbox"/> Bend <input type="checkbox"/> Nipple welding <input type="checkbox"/> Manifold <input type="checkbox"/> Coil <input type="checkbox"/> Solenoid valve (if supplied) <input type="checkbox"/> Capillary tube <input type="checkbox"/> Screwing/vent valve <input type="checkbox"/> Defrost pipe <input type="checkbox"/> Other: specify
	<input type="checkbox"/> NO	

SPUTTERING	
Sputtering	<input type="checkbox"/> YES <ul style="list-style-type: none"> <input type="checkbox"/> Coil <input type="checkbox"/> Fan <input type="checkbox"/> Drip tray <input type="checkbox"/> Other: specify
	<input type="checkbox"/> NO

FROST FORMATION				
Frost formation	<input type="checkbox"/> YES <ul style="list-style-type: none"> <input type="checkbox"/> Coil <input type="checkbox"/> Drip tray <input type="checkbox"/> Water drain out pipe <input type="checkbox"/> Fan conveyor 	<input type="checkbox"/> Frost completely <input type="checkbox"/> Frost partially <input type="checkbox"/> Glaciation		
	<input type="checkbox"/> NO			
Defrost type	<input type="checkbox"/> Air	<input type="checkbox"/> Hot Glycol	<input type="checkbox"/> Water	
	<input type="checkbox"/> Electrical heater		<input type="checkbox"/> Hot gas	
Fan operation	Stopped during de-frost	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	Shut up installed	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	If YES Re start to run when (some details)			
Defrosting cycle	Cycles per day			
	Defrost end	<input type="checkbox"/> Time	Min/cycle	
		<input type="checkbox"/> Temperature	Final defrosting temp	
			Position of defrost sensor	

THERMAL CAPACITY		
Decrease capacity	<input type="checkbox"/> YES	<input type="checkbox"/> NO

CONDENSER or EVAPORATOR		
Condensing temperature	Tc	
Evaporating temperature	To	
Type of refrigerant gas		

DRY COOLER				
Glycol	Type			
	Percent			
Fan regulation (more option can be chosen)		<input type="checkbox"/> ON / OFF from ambient temp. <input type="checkbox"/> ON / OFF from liquid temp. <input type="checkbox"/> speed modulation <input type="checkbox"/> other (specify)		
Spray Water System SWS	<input type="checkbox"/> YES	LUVE controller	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Nozzles clogged	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Filter installed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		Inlet water pressure when pump is OFF		
		Inlet water pressure when pump is ON		
		Outlet water pressure when pump is ON		
	<input type="checkbox"/> NO			

PICTURE & VIDEO REQUIRED - Mandatory	
L	Site installation (goods storage and environment)
M	Plate of unit
N	Leakage details (if issue is present)
O	Sputtering details (if issue is present)
P	Frost details (if issue is present)
Q	View of the unit from all sides

*The above mentioned photo/video are mandatory documentation.
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LU-VE S.p.A.

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