



Manitowoc Ice  
2110 S 26<sup>th</sup> 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

MANITOWOC ICE MACHINE INSTALLED AT	NAME _____	Authorization No. _____	
	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 (1.6°C) (50°F (10°C) for QM20/30) or above 110°F (43.4°C)? | Yes _____ | No _____ |
| 8. Is incoming water temperature range 35°F (2°C)/90°F (32°C)?   | 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/°C. Water temperature _____ °F/°C.            |           |          |

### 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 (-29°C) or above +120°F (49°C)? (QuietQube™ 120°-130°F (49°C-54°C)) | 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



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