7000 Apple Tree Avenue
Bergen, NY 14416
ph: 800-543-2550
fax: 585-494-1839
www.LibertyPumps.com/LEP

Liberty Pumps
Engineered Products

All parties shall retain a copy of this report for future troubleshooting/reference.
This form must be completed within 30 days and returned to Liberty Pumps to validate warranty.
email: LEP@LibertyPumps.com
web: https://www.libertypumps.com/en-us/lep/dom/Services/Warranty-Startup-Form

SUBMERSIBLE PUMP START-UP REPORT

Project Information

Job Name: _____
Installation: _____
Address: _____
_____
Installing Contractor: _____
Installation Date: _____
Contact Person: _____ Contact Phone: _____
Engineer: _____
Distributor Name: _____
Distributor Address: _____
_____
Contact Person: _____ Contact Phone: _____
PO Number: _____

Start-Up Information

Start-up Technician: _____ Start-up Date:
Pump Application: _____

Pump Information	Pump 1	Pump 2
Model Number:		
Serial Number:		
Date / Config Code:		
Rated Voltage:		
Full Load Amps:		
Phase:		
Hz:		
HP:		

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Pump Information	Pump 1	Pump 2
Min Submergence:		
Installation Type:	☐ field assembled	☐ pre-packaged

Check the Following Before Start-up	Acceptable?	Remarks/Comments
Was equipment in good condition upon arrival?	Yes☐ or No☐	
Cable(s) jacket in good condition?	Yes☐ or No☐	
Operator has pump *Installation Manual*?	Yes☐ or No☐	
Operator has been briefed on warranty?	Yes☐ or No☐	
Operating check valve installed after pump discharge?	Yes☐ or No☐	
Does supplied electrical voltage match nameplate?	Yes☐ or No☐	
Do current ratings on relays and fuses in controller coincide with full load amps on nameplate?	Yes☐ or No☐	
Is pump plumbed correctly?	Yes☐ or No☐	
Is basin clear of debris?	Yes☐ or No☐	
Does impeller turn freely?	Yes☐ or No☐	
Does pump rotate in correct direction when energized?	Yes☐ or No☐	
Are system solids small enough to pass through pump?	Yes☐ or No☐	
If on guide-rail, is pump seated correctly?	Yes☐ or No☐ or n/a☐	
Is guide-rail vertical and plumb?	Yes☐ or No☐ or n/a☐	
If hard-piped, is riser under excessive strain?	Yes☐ or No☐ or n/a☐	

Control System Information

Manufacturer: _____

Model Number: _____ Serial Number: _____

Overload protection present?	Yes☐ or No☐	Amp Rating: _____
Overload adjusted per pump specifications?	Yes☐ or No☐	
Moisture sensor relay connected and adjusted?	Yes☐ or No☐	
Thermostat leads properly connected to relays or controller?	Yes☐ or No☐	
Circuit breaker present?	Yes☐ or No☐	Amp Rating: _____ Type: _____

Wiring schematic included for non-standard control panel? Yes☐ or No☐

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Installation Information

1-Phase	Pump 1	Pump 2
Pump OFF Voltage, L1 L2:		
Pump ON Voltage, L1 L2:		
Pump ON Amps, L1 L2:		

3-Phase	Pump 1	Pump 2
Pump OFF Voltage, L1 L2:		
Pump OFF Voltage, L1 L3:		
Pump OFF Voltage, L2 L3:		
Pump ON Voltage, L1 L2:		
Pump ON Voltage, L1 L3:		
Pump ON Voltage, L2 L3:		
Pump ON Amps, L1:		
Pump ON Amps, L2:		
Pump ON Amps, L3:		

Seal Fail Probe	Pump 1	Pump 2
Seal Fail Probe Resistance:		

Rewired to 460V	Pump 1 or N/A	Pump 2 or N/A
Line-to-line Resistance:		
Hi-pot Test: (2400V for 1_sec with no indication of breakdown)	Pass☐ or Fail☐	Pass☐ or Fail☐
Thermal Continuity?	Yes☐ or No☐	Yes☐ or No☐
200/230V power cord tag removed and new voltage clearly indicated?	Yes☐ or No☐	Yes☐ or No☐

Check the Following After Start-up	Acceptable?	Remarks/Comments
Do floats function properly?	Yes☐ or No☐	
Is pump more than 50% submerged at shut-off?	Yes☐ or No☐	
Is pump noise excessive?	Yes☐ or No☐	
Does pump appear to provide proper flow/pressure?	Yes☐ or No☐	

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Check the Following After Start-up	Acceptable?	Remarks/Comments
Does high level alarm function correctly?	Yes☐ or No☐	
If duplex installation, do both pumps operate correctly?	Yes☐ or No☐ or n/a ☐	
If duplex, do lag/lead/alternate function correctly?	Yes☐ or No☐ or n/a ☐	

Functional Information

Functional Test: P1 _____ GPM P2 _____ GPM

Method: ☐ calculated via pumpdown ☐ flowmeter measurement

Additional Comments:

Others present during start-up

☐ Engineer ☐ Operator ☐ Contractor (Other)

End User Representative Witnessing Start-Up

Name: _____ Date:

I certify this report to be accurate. (Signed End User)

Signature: _____

Factory-Authorized Representative Witnessing Start-Up

Name: _____ Date:

I certify this report to be accurate. (Signed Factory-Authorized Representative)

Signature: _____

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