

Motor Claims Checklist

Küba-RKL. no.:		Customer no.:
Name:	Postcode:	Phone:
Company:	City:	Fax:
Position:	Adress:	e-Mail:
Distributor:	Distributor's Claim no.:	Editor:

Queried Motor / Fan

Number _____ Designation _____ Article no. (Küba) _____

Serial Number (fan unit) _____

Used in which unit _____

Unit's serial no. _____

Date of commissioning _____

Defect Type

- | | | |
|--|--|---|
| <input type="checkbox"/> Blade does not rotate | <input type="checkbox"/> Increased current consumption | <input type="checkbox"/> Winding effect |
| <input type="checkbox"/> Disruption | <input type="checkbox"/> Bearing-Noise | <input type="checkbox"/> Humming |
| <input type="checkbox"/> Rubbing Noise | <input type="checkbox"/> Blockage | <input type="checkbox"/> Vibration/ Unbalance |
| <input type="checkbox"/> Motor speed too low | <input type="checkbox"/> Excessive Warming | <input type="checkbox"/> Misc. (refer to notes) |

Application conditions

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> Cold room | <input type="checkbox"/> Condenser | <input type="checkbox"/> Unpackaged goods |
| <input type="checkbox"/> TK < 0° <input type="checkbox"/> NK > 0° | | <input type="checkbox"/> Packaged goods |

Electrical Data

- 230 V 400 V other voltage _____ V 50 Hz 60 Hz

Measured current at the motor terminals per phase: L1: _____ A; L2: _____ A; L3: _____ A

Measured voltage at the motor terminals per phase: L1: _____ V; L2: _____ V; L3: _____ V

Control/Operation

- | | | | |
|--|--|---------------------------|---|
| <input type="checkbox"/> Star /Delta-switch | <input type="checkbox"/> Standard On/Off | | |
| <input type="checkbox"/> Phase Control | max. rpm _____ | min. rpm _____ | Noise suppression in place <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Frequency converter | max. rpm _____ | min. rpm _____ | 3-phase harmonic filter in place <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Transformer regulation | _____ max. output voltage | _____ min. output voltage | |
| <input type="checkbox"/> andere Steuerung/Regelung | | | |

- forward to:
- QS (089/74473-189)
- ASS (089/74473-227)

- Info to:
- R.I.C OEM
- GH AD

 = mandatory field

GEA Heat Exchangers
GEA Küba GmbH

Kühler Weg 1 · D-82065 Baierbrunn · Germany
Tel: +49 89 74473-0 · Fax: +49 89 74473-107 · www.kueba.com

Sitz der Gesellschaft/Registered Office: Baierbrunn,
Registergericht/Court of Registration: Amtsgericht München, HRB 93184
Geschäftsführung / Management Board: Reinhard Kindler
Umsatzsteuer-Identifikationsnummer/ VAT no. : DE 811154420

Motor Claims Checklist

Page 2/2

Control logistics

Switching frequency per 24 h: _____ Time interval before re-starting: _____ Total operating hours: _____

Is the malfunction locked? Yes No

Manual reset? Yes No

Are there any attachment parts connected like Shut-Up, Textile sock connector, or anything else? Yes No

Notes:

forward to:

- QS (089/74473-189)
- ASS (089/74473-227)

Info to:

- R.I.C OEM
- GH AD

 = mandatory field

GEA Heat Exchangers
GEA Küba GmbH

Kühler Weg 1 · D-82065 Baierbrunn · Germany
Tel: +49 89 74473-0 · Fax: +49 89 74473-107 · www.kueba.com

Sitz der Gesellschaft/Registered Office: Baierbrunn,
Registergericht/Court of Registration: Amtsgericht München, HRB 93184
Geschäftsführung / Management Board: Reinhard Kindler
Umsatzsteuer-Identifikationsnummer/ VAT no. : DE 811154420