

Warranty Forms Procedure

For



Ice Machines

Page 1

Labor Claim Form Instructions

Page 2

Sample Labor Claim Form

Page 3

Return Material Tag and Instructions

1. Provide the date equipment failed, date form completed, and date repaired, and fill in your invoice number in the space provided.
2. Provide correct model and serial number of the equipment repaired, and the installation date. (VERY IMPORTANT)
3. Complete Manitowoc Distributor name, address, and phone number.
4. Complete your (service company) name, address, phone number, check boxes if you have sold or lease this equipment.
5. Complete customer's name, address, and phone number.
6. Fill in the reported customer complaint.
7. A detailed description of the completed repair is required on the claim or attached invoice.
8. Total hours allowed by the factory (SEE GUIDE ON BACK OF LABOR CLAIM FORM) and fill in total hours and your hourly rate.
9. You must re-use the refrigerant on Quiet Cube and Traditional Remote units unless there are circumstances that require new refrigerant (example: A compressor burnout or instructions from a Manitowoc Regional Service Manager). List on the form the reason for using new refrigerant, type of refrigerant used, amount and the cost (per lb.) allowed by Manitowoc Ice.
10. A miscellaneous charge of \$40.00 will be allowed if system is opened, to cover the use of recovery equipment, torches, etc. A NEW MANITOWOC FILTER DRIER MUST BE USED.
11. Complete line charges and extend totals.
12. If an authorization number was given, provide it here.
13. List Manitowoc part numbers replaced.
14. List the Return Material Tag number for all parts replaced.
15. List the part description.
16. Customer signature and date is required on claim or attached invoice.
17. Service technician's signature and date is required, on claim or attached invoice.

*****Please turn in all parts, Return Material Tags and Labor Claim Forms within 35 days of job completion.*****

*****Replacement parts must be obtained from your local Manitowoc Authorized Distributor and defective parts must be returned to the same Distributor with the Warranty Claim Form.*****

*****Please make sure all compressors are completely sealed before returning. The Manitowoc Distributor will refuse any compressor that has not been sealed.*****



MANITOWOC ICE, INC.
 P.O. Box 1720, Manitowoc, WI 54221-1720
 Telephone: (920) 682-0161

USA & CANADA WARRANTY LABOR CLAIM

FORM NO. 285991

Service's Invoice Number if Attached _____

See Instructions for Completing This Form on Reverse Side.

Date Failed _____ Date Form Completed **1** _____ Date Repaired _____

Important: Serial Numbers of ALL products serviced required	Model No.	Serial No.	Install Date
Ice Machine		2	
-or- Reach-In (refrigeration system and cabinet)			
Related System Components (bin, condenser, dispenser, AuCs)			

DISTRIBUTOR	SERVICE COMPANY	CUSTOMER
Company Name	Company Name	Name
3	4	5
Address	Address	Address
City, State, Zip	City, State, Zip	City, State, Zip
Area Code & Telephone No.	Area Code & Telephone No.	Area Code & Telephone No.
	Did you sell this equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO Is this equipment leased by you? <input type="checkbox"/> YES <input type="checkbox"/> NO	Customer location is required for all claims, including leased equipment

Reported Complaint **6** _____
 Service Performed (Symptoms and/or summary of diagnosis made is required. List hours and explanation for each repair made. Give exact location of any leaks.)

	Hours
7 _____	
<i>SAMPLE</i>	

See reverse side for "WARRANTY SERVICE GUIDE" (Submit in U.S. Dollars only)

Total hours _____ X Labor rate per hour **8** _____ - LABOR CHARGES U.S. \$ _____

(If applicable: State the reason why you did not reuse remote refrigerant charge) _____

Type of Refrigerant used _____ Amount of refrigerant used _____ X Refrigerant Allowance **9** _____ U.S. \$ _____
(Refrigerant Allowance available from Distributor)

Miscellaneous material up to \$40.00 for repairs requiring opening of refrigeration system **10** _____ U.S. \$ _____
(includes soldering supplies, vacuum pump, repair equipment, etc.)

TAX (if applicable) _____ % **11** _____ U.S. \$ _____

SPECIAL AUTHORIZATION number **12** _____ U.S. \$ _____
(Contact Factory for authorization number or refer to outside warranty guidelines on back of form)

List All Parts Replaced			Shaded Area for Factory Use ONLY		
All warranty parts, including driers, are to be obtained from and returned to the Manitowoc Distributor.					
List Manitowoc Part Numbers Replaced	Manitowoc Return Material Tag Number	Description of Part	Account	Code Description	Dollar Amount
13	14	15			
			Approved by	Date	

Signatures Required (or attach service's original invoice with signatures)

CUSTOMER OR LESSEE SIGNATURE **16** _____

SERVICE TECHNICIAN SIGNATURE **17** _____
(Technician making refrigeration system repairs must be certified per EPA requirements)

Date signed _____ Date signed _____

P/N 80-0377-3 Rev 12-96

Copy Distribution — White, Factory; Yellow, Customer; Pink, Servicer; Gold, Distributor

SVFM03



FOR FACTORY USE ONLY

MDC# _____

Reason for return: _____

RM 637306

HOLD HERE WHEN REMOVING YOUR COPY

MANITOWOC PART RETURN MATERIAL NO RM. 637306

DISTRIBUTOR Name _____ 1 City _____ State _____ Telephone # _____		SERVICE COMPANY Name _____ 2 Street _____ City, State, Zip _____ Telephone # _____		Unit located at: Name _____ 3 Street _____ City, State, Zip _____ Telephone # _____ Check if this is a leased machine. <input type="checkbox"/>	
REASON FOR RETURN _____ 4					
PRODUCT: <small>For Reach-Ins Only: Serial # of both cabinet and refrigeration system must be supplied.</small>	SERIAL NO. _____ 5		MODEL _____		DATE UNIT INSTALLED _____ 6
	MANITOWOC ICE, INC. PART NUMBER _____ 8		PART NAME _____		DATE PART FAILED _____ 9
AUTHORIZATION _____ 10		MANITOWOC ICE, INC. DIVISION OF THE MANITOWOC COMPANY, INC. P.O. BOX 1720 • 2110 South 26th Street • Manitowoc, WI 54221-1720			*Replacement Parts Warranty ONLY— Date of installation of failed part

PART FAILED DURING: (CHECK ONE BELOW)

- 1 ORIGINAL MACHINE WARRANTY _____ **7**
- 2 Replacement Parts Warranty* _____

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—ONE PART PER TAG ONLY—

MANITOWOC

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1. Provide your Authorized Manitowoc Distributor complete name, address, and phone number.
2. Complete Service company name, address, and phone number.
3. Complete Customer name, address, and phone number.
4. Provide a detailed explanation of part failure (BROKE, DEFECTIVE, BAD or DOESN'T WORK are not acceptable).
5. Provide correct model and serial number of the equipment repaired. (*VERY IMPORTANT*).
6. Provide original date of installation of the equipment.
7. Check appropriate box, (1 or 2) as to if original or replacement part warranty.
8. Provide the replacement part number and description.
9. Provide the date the part failed.
10. THIS SPACE IS ONLY USED IF YOU RECEIVE SPECIAL AUTHORIZATION FROM MANITOWOC.



Manitowoc[®]