

Warranty Registration

The model and produce-no. are located on the nameplate (Identity label at the equipment)

System data: Medical Siemens device:		Responsible Company for chiller first start-up and service: Service company	
Produce - No. Chiller ECO-		Name	
Produce - No. Interfacepanel IFP-			
Produce - No. FreeCoolingUnit FCU-			
Produce - No. Booster BO-			
Model		Street	
Date of first start-up		Zipcode/City	
Street		State	
Zipcode/City		Phone number	
State		Fax	
Location Site Name		E-Mail	
Responsible project manager			
Company		Name	
Phone number (mobile)		E-Mail	
Technical Feedback:			
Water pressure IN: _____ bar (at the Chiller, when all air is vented and pump running)		piping diameter: piping material:	
Water pressure IN: _____ bar (at the IFP, when all air is vented and pump running)		Piping distance (one way): amount of ellbows (one way):	
Static pressure/Filling pressure Chiller: _____ bar Static pressure/Filling pressure IFP: _____ bar (when the pump is OFF)		Chiller-Elevation: above MR [] below MR [] High difference! _____ meter same level [] yes [] no	
Flowmedium: Glycolrate and Type:		Operating Status: Daymode [] Nightmode []	
Watertemp. in/out: (during chiller running)		No Errors are shown at the 8bit LED-Code: YES [] NO []	
Refrigerant pressure: (high/low)		Do not leave the unit when there are failures present!	

KKT-Kraus will use this information to process your warranty registration.

Please complete this data sheet and email it to support@kkt-kraus.com

Warranty void if the warranty registration is not returned within 30 days of chiller start-up.

Write legible, please!

Thanks for your cooperation – your KKT – Team

Warranty Registration

The model and produce-no. are located on the nameplate (Identity label at the equipment)

System data: Medical Siemens device:		Responsible Company for chiller first start-up and service: Service company	
Produce - No. Chiller ECO-	133.6002.00.1060.0711	Name: KKT Kraus	
Produce - No. Interfacepanel IFP-	00.1060.0511		
Produce - No. FreeCoolingUnit FCU-	IF installed		
Produce - No. Booster BO-	IF installed		
Model		Street	
Date of first start-up: 20 May 2011		Zipcode/City	
Street		State	
Zipcode/City		Phone number: 847.734.1600	
State		Fax	
Location - ROOF Site Name - Memorial hospital		E-Mail: support@kkt-kraus.com	
Responsible project manager			
Company		Name	
Phone number (mobile)		E-Mail	
Technical Feedback:			
Water pressure IN: 1,5 bar (at the Chiller, when all air is vented and pump running)		piping diameter: 2.5" piping material: Copper or stainless steel	
Water pressure IN: 5,7 bar (at the IFP, when all air is vented and pump running)		Piping distance (one way): amount of ellbows (one way):	
Static pressure/Filling pressure Chiller: 1,3 bar Static pressure/Filling pressure IFP: 2,2 bar (when the pump is OFF)		Chiller-Elevation: above MR <input type="checkbox"/> below MR <input type="checkbox"/> High difference! 9 meter same level <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Flowmedium: ethylene Glycol Glycolrate and Type: 35% Dowtherm SR1		Operating Status: Daymode <input checked="" type="checkbox"/> Nightmode <input type="checkbox"/>	
Watertemp. in/out: 22/20°C (during chiller running)		No Errors are shown at the 8bit LED-Code: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Refrigerant pressure: 13/5bar (high/low)		Do not leave the unit when there are failures present!	

KKT-Kraus will use this information to process your warranty registration.

Please complete this data sheet and email it to support@kkt-kraus.com

Warranty void if the warranty registration is not returned within 30 days of chiller start-up.

Write legible, please!

Thanks for your cooperation – your KKT – Team