BALDOR

FORT SMITH, ARKANSAS 72902

MOTOR WARRANTY REPORT

NAME OF MANUFACTURER	INVOICE NO.
ADDRESS	DATE OF INVOICE OR REPORT
CITY, STATE, ZIP	DATE PUT IN SERVICE
CUSTOMER	DATE OF FAILURE
ADDRESS	IS THIS MOTOR USED ON AN INVERTER? 01 ❑ YES ❑ NO BRAND
CITY, STATE, ZIP	TYPE OF DRIVEN MACHINE 02 ❑ PUMP 03 ❑ COMPRESSOR 04 ❑ FAN 05 ❑ CONVEYOR 06 ❑ OTHER

Type	Frame	Catalog No.	Hp/kVA	Volts	Cycles	PH	RPM
Temp Rise ˚C	Serial No.	Spec. No.			FHP	3 PH	DC
COMPLAINT							

○ – CIRCLE ONE CONDITION RESPONSIBLE FOR FAILURE

✔ – CHECK OTHER CONDITIONS FOUND.

STATOR
- 11 Shorted turn to turn
- 12 Shorted phase to phase
- 13 Grounded
- 14 Open
- 15 Phase winding burned or Single Phased 3 Ph winding
- 16
- 17 Leads broken or disconnected
- 18 Leads marked or connected wrong

CAPACITOR
- 21 Shorted start
- 22 Open start
- 23 Shorted run
- 24 Open run

ROTOR OR ARMATURE
- 30 Shorted
- 31 Open
- 32 Grounded
- 33 Loose on shaft
- 34 Shaft – Explain
- 35 Fan broken or loose
- 36 Centrifugal Mechanism
- 37 Commutator or Collector Rings worn or damaged
- 38 Brushes worn or stuck in holders
- 39 Out of balance

SWITCH
- 41 Out of adjustment
- 42 Damaged
- 43 Contacts burned
- 44 Contacts loose or missing
- 45 Shunt lead burned or broken
- 46 Stuck
- 47 Electronic switch bad

TERMINAL BOARD
- 51 Contact burned
- 52 Terminals loose
- 53 Terminals burned

THERMAL PROTECTOR
- 61 Cycling or premature trip
- 62 Non-resetting
- 63 Will not trip

BEARINGS & LUBRICANT
- 72 Bearing dry
- 73
- 74 Bearing loose on shaft
- 75 Bearing worn or loose in housing
- 76 Bearing tight
- 77 Bearing rough – Explain
- 78 Rotor rubs stator

HOUSING OR BRACKETS
- 81 Cracked or Broken
- 82 Bent or Distorted
- 83 Damaged – Explain
- 84 Faulty manufacture – Explain
- 85 Gearbox leaking

MISCELLANEOUS
- 91 Magnetic noise
- 92 Mechanical noise
- 93 Excessive end-play
- 94 Base or mounting parts
- 95 Wrong speed or rotation
- 96 Other – Explain
- 97 Brake – Explain

FOR MANUFACTURER'S USE ONLY

REMARKS AND/OR REPAIRS MADE

QUANTITY	PARTS USED PART NUMBER	NET PRICE
LABOR _____ HOURS @ _____		
FLAT RATE		
TRANSPORTATION IF ALLOWED – ATTACH RECEIPT		
TOTAL BILLING		

SERVICE STATION

SIGNATURE