



# Liebert Water Distribution System (WDS) Unit Warranty Inspection Check Sheet

**The following information must be completed and forwarded to your local Liebert sales office to establish your equipment warranty.**

Installer \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Owner e-mail address \_\_\_\_\_

Date of Installation: \_\_\_\_\_

Was the unit received in good condition?     Yes                       No

If no, was the freight carrier notified?        Yes                       No

Have the manuals been kept in the units?     Yes                       No

## **PRE-START-UP**

**WDS Serial Number:** \_\_\_\_\_

**WDS Model Number:** \_\_\_\_\_

1. This WDS is providing cooling fluid for:

CR032            **Qty** \_\_\_\_\_

CR040            **Qty** \_\_\_\_\_

Other              **Qty** \_\_\_\_\_

## Liebert Xtreme Density Water Pumping (DCP) Unit Warranty Inspection Check Sheet

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- Internal piping clamps tight and secure.
- Field piping properly supported and secure.
- Equipment is installed level.
- Remove all debris from unit area.
- Water supply line connections are tight and do not leak.
- Verify that air vents are installed at the high point of the system.
- Verify all air has been bled from the system.
- Confirm that there is chilled water supplied to the WDS.
- Check that ALL isolation ball valves to the WDS are open.
- Check that ALL isolation ball valves are open to the Modules.
- Verify Proper Water/Glycol Maintenance/Treatment has been performed.
  - Yes       No (if no, conformation available please inform end user)

- Strainers                       Shut off valves                       Filters                       Bleed valves

2. Supply Chilled Water GPM to WDS \_\_\_\_\_

3. Chilled Water Supply Water Temperature \_\_\_\_\_

4. Chilled Water Return Water Temperature \_\_\_\_\_

# Liebert Xtreme Density Water Pumping (DCP) Unit Warranty Inspection Check Sheet

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*Your start-up is now complete.*

Your input is important to us. Did you encounter any factory or field issues? If YES, please check the YES box and supply detailed description below. If NO, please check the NO box; however please feel free to provide any additional comments or suggestions.

YES

NO

**Comments:**

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**START-UP PERFORMED BY:** \_\_\_\_\_ **START-UP DATE:** \_\_\_\_\_  
(Please print name)

**COMPANY:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

### IMPORTANT:

**This form must be properly completed and returned to your local Liebert Sales Office. If you do not know who your local Liebert sales office is, call 1-800-LIEBERT or check our website at:**

<https://www.vertivco.com/en-us/products/brands/liebert/>