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WARRANTY REGISTRATION & DELIVERY INSPECTION REPORT

*Use this form for hammers and Ho-Pac's®

MODEL No.	SERIAL No.
Date delivered to Purchaser / User	
mm	dd / yy
Phone () -	

PURCHASER AND/OR USER

Name _____
 Street _____
 City _____ State _____ Zip _____

Date delivered to Purchaser / User
 mm dd / yy
 Phone () -

SUPPORTING EQUIPMENT

Carrier Mfr. and Model No. _____	Hydraulic oil type and grade _____
Serial No. _____ Hour meter _____	Flow regulator for attachment YES <input type="checkbox"/> NO <input type="checkbox"/>
Max. total output of pumps supplying the attachment _____ GPM	Relief valve for attachment YES <input type="checkbox"/> NO <input type="checkbox"/>
Main relief setting in carrier's hydraulic circuit _____ PSI	Oil filter in attachment line YES <input type="checkbox"/> NO <input type="checkbox"/>

PRE-INSTALLATION FLOW AND PRESSURE CHECKS ON SUPPORTING EQUIPMENT

Record oil flow (gpm) and pressure (psi) at the following pre-set conditions. **WARNING! Do not exceed the carrier's main relief valve setting.**

Pressure	0	1000	1500	1800	2000	2200	2400	2600	2800	Relief valve psi	Operating psi
Flow										Cracking	HP
Return psi										Full	LP

Remarks: _____

DELIVERY CHECK LIST

<input type="checkbox"/> Check for proper lubrication per Operation/Technical Manual	<input type="checkbox"/> Explain maintenance and lubrication requirements
<input type="checkbox"/> Check retention of mounting hardware and fasteners	<input type="checkbox"/> Explain and stress importance of safety precautions
<input type="checkbox"/> Provide (1) CIMA Safety Manual (Hammers only)	<input type="checkbox"/> Instruct the operator of proper operation
<input type="checkbox"/> Operate attachment to assure proper function	<input type="checkbox"/> Review and explain Operator's Manual to customer
<input type="checkbox"/> Provide 1 each Operator's and Parts Manual (Technical Manual)	<input type="checkbox"/> Explain Allied warranty to the customer
<input type="checkbox"/> Provide Allied warranty document	

Installation made by Allied dealer Purchaser Other _____

Signature _____ Date mm dd / yy

Remarks: _____

If this delivery inspection did not reveal any discrepancies check here

AUTHORIZED DEALER/SELLER

PURCHASER AND/OR USER

The indicated Allied product was properly installed, adjusted and tested for proper operation. The importance of following the operating and maintenance instructions found in the Operator's Manual was explained to the purchaser and/or user.

Dealer Name _____
 Street _____
 City _____ State _____ Zip _____
 Phone () - _____
 mm dd / yy

Dealer's Signature _____ Date _____

I have received (1) Operator's, (1) Parts (Technical Manual supplied with Ho-Pac) and (1) Safety Manual (Hammers only) and the warranty document for the indicated Allied product. Proper and safe operation as well as the maintenance of the product has been adequately explained.

Purchaser's / User's Name (type or print) _____
 mm dd / yy

Purchaser's / User's Signature _____ Date _____