

Pump Nameplate Information Form

Branch _____ Branch # _____ Date needed _____
 Branch Contact _____ FLSP _____
 Customer Name _____ Customer Site _____
 Cust Address _____ Cust City, State _____

Equipment ID: _____ CMMS Equipment ID: _____

Motor			Pump	
Make			Make	
Model			Model	
Serial number			Serial Number	
Speed	<input type="checkbox"/> VFD	Frame	Speed	Frame
HP	Volts	FLA	# of Vanes	
Off End Bearing			Inboard Bearing	
Drive End Bearing			Outboard Bearing	
Configuration	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	____ # of Stages	
Impellers	<input type="checkbox"/> Overhung	<input type="checkbox"/> Centerhung		
# of pump bearings: _____				

Equipment ID _____ CMMS Equipment ID: _____

Motor			Pump	
Make			Make	
Model			Model	
Serial number			Serial Number	
Speed	<input type="checkbox"/> VFD	Frame	Speed	Frame
HP	Volts	FLA	# of Vanes	
Off End Bearing			Inboard Bearing	
Drive End Bearing			Outboard Bearing	
Configuration	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	____ # of Stages	
Impellers	<input type="checkbox"/> Overhung	<input type="checkbox"/> Centerhung		
# of pump bearings: _____				

Note: If the configuration of the fan is unusual, please sketch it on another piece of paper and fax it with this form.

Fax the completed form to the Predictive Diagnostics Team at (414) 524-4336.

