



## RETHERMALIZER START-UP FORM

This installation form covers all water-bath units. See the provided manual for model specifics.

8700 LINE AVENUE (800) 551-8633 SHREVEPORT, LA 71106

| Date                    |                |  |  |  |  |
|-------------------------|----------------|--|--|--|--|
| Store Name              | Technician     |  |  |  |  |
| Store # (if applicable) | Service Agency |  |  |  |  |
| Address                 | Address        |  |  |  |  |
| City/State              | City/State     |  |  |  |  |
| Store Phone ()          | Country        |  |  |  |  |

| UNIT MODEL NUMBER | SERIAL NUMBER |  |  |
|-------------------|---------------|--|--|
|                   |               |  |  |
|                   |               |  |  |
|                   |               |  |  |

Ensure unit is mounted on legs or casters as provided by the factory, is properly restrained in accordance with the operator's manual and is level.

Given the state of when controller heat light is off. Fill in the chart below.

 Ensure water sensors and float switches are operating properly. Emphasize the need and demonstrate cleaning to the store personnel.

Ensure the incoming water pressure and temperature are correct.

 Ensure drain plumbing is connected in accordance with local codes. Waste water from the water bath unit should not be discharged directly below the appliance. Rising steam can harm the cabinet and the electrical components.

□ If equipped, check basket-lift operation.

Ensure all accessories — faucet bracket, flue deflector, etc.— are installed

Verify that the controllers are correctly set up. Explain the programming and operation of the controller, including the simmer and boil buttons or temperature settings. Demonstrate as needed.

| Amp<br>draw | Unit #1 | Unit #2 | Unit #3 | Unit #4 | Unit #5 | Unit #6 |
|-------------|---------|---------|---------|---------|---------|---------|
| L1          |         |         |         |         |         |         |
| L2          |         |         |         |         |         |         |
| L3          |         |         |         |         |         |         |

Manager's Signature Technician's Signature

Distribute one copy each to the customer and to Frymaster and retain one copy for your records.

819-6388 10/2024