

**MDE-4995 Warranty Registration Checklist for Diesel Exhaust Fluid (DEF) Kits  
(Form C) · July 2011**



Site Information:

Commissioning SR #: \_\_\_\_\_

SITE INFORMATION	
Site Name/Number	Street
Phone Number	City/State/Zip

**INSTRUCTIONS:** This form is to be completed by the commissioner. The commissioner is defined as a person with the appropriate Gilbarco® training, usually an Authorized Service Contractor (ASC), necessary to complete the commissioning process and train the station personnel. MDE-4897 Installation Checklist for DEF Units (Form A) and MDE-4898 Start-Up Checklist for DEF Units (Form B) are pre-requisites to this form. The commissioner must retrieve the original and a copy of Form A and Form B from the dispensers. Give the copy to the station representative and save the original for your records. Keep the original of this commissioning form and Form A and Form B in your records for three years. The commissioner will discuss results of all the checklists with the Station Manager/Supervisor.

**IMPORTANT NOTE:** The commissioning ASC must verify if the units have been inspected per the Installation Checklist (Form A) and the Start-Up Checklist (Form B). Failure to complete all forms may delay commissioning completion and may affect warranty. In case all forms are not complete or available, the commissioner must explain the options for completing commissioning to the station owner.

**COMMISSIONING:** The commissioner must have all of the required forms and signatures ready and call **1-888-800-7498** to report commissioning. Log the SR# at the top right of form. Do not mail the commissioning form. Information is conveyed over the phone.

POS Type & Name: \_\_\_\_\_

**Model/Serial Numbers**

**NOTE: Dispenser and KIT Model and Serial numbers must be recorded for payment to be processed**

	Check if Received		DEF Kit		Dispenser		Software Versions		
	Form A	Form B	Model Number	Serial Number	Model Number	Serial Number	Pmp/Disp	CRIND®	Door Node
1									
2									
3									
4									
5									
6									
7									
8									

**Individual Unit Inspections:**

Item	Procedure	Check if OK/Complete
1	Installation and Start-up checklists have been completed and results reviewed with station manager/supervisor.	
2	Minimum wire gauges meet Gilbarco field wiring diagram specifications at dispenser entry.	
3	All wiring is stranded, gas- and oil-resistant as per installation instructions; Ethernet and DSL Cables meet requirements as per installation instructions.	
4	Twisted-pair wiring used for two-wire data lines for stations with new wiring.	
5	No leaks in hydraulic assembly, hose outlets, and hanging hardware.	
6	Units with junction boxes have all junction box covers and all bolts installed.	

**Station Requirements (including training for Station Manager/Supervisor):**

8	All dispenser wiring properly spaced and isolated from wiring to electrically noisy devices as per the installation manual.	
9	Dispenser power and dispenser heater breakers marked with dispenser ID numbers.	
10	A copy of the unit warranty statement and the policy has been reviewed by and given to the Station Manager/Supervisor.	
11	For sites where temperatures may go below 20 °F, explained to the Station Manager/Supervisor the potential damage that could occur due to the freezing of the dispenser, the power lost or turned off, or a defective component. Explained the required measures to be followed in such situations.	
12	Explained the Station Manager/Supervisor the situations in which the dispenser heater may not be operative.	
13	Explained the Station Manager/Supervisor the basic differences between DEF and fuels. Also, explained the mildly corrosive and slippery nature of DEF.	

**Required Signatures:**

<b>Station Manager Information</b> (Station Manager must check one of the following and sign)		
<input type="checkbox"/> <b>A</b> I have been advised that all dispensers have been inspected per the checklists and no problems were found needing correction.	<input type="checkbox"/> <b>B</b> I have been advised that either some equipment inspections have not been completed or problems requiring correction were found during inspections. Should the equipment not have been properly installed, it may be subject to one or more of the following problems: functions improperly, fails prematurely, creates a safety hazard, not covered by warranty. I have further been given information regarding inspections or corrections required. I have also been advised on how to correct these situations and provide results to the commissioning ASC to ensure warranty coverage.	
Station Manager Name (print)	Signature	Date
Commissioning ASC Name		
ASC Tech. Number	Signature	Date

Note: This is a two-part form. Top (original) - Keep for your records. Second sheet - Give to Station Manager.