

# Diagnostic Form



Pulsafeeder, Inc.  
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Attn: Technical Services  
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Company Name: \_\_\_\_\_ Serial # \_\_\_\_\_  
RMA#: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact Name \_\_\_\_\_ Model #: \_\_\_\_\_  
Ship To Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**State the problem, including all symptoms:**

### Cycle power and record the following:

Power In:	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Circuit:	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Analog In	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>	RAM	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Modbus	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>	EEPROM	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Leak Det.	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>	Motor	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Level Switch	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>					
Motor Temperature	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>					
Drive Temperature	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>					
Battery	OK	<input type="checkbox"/>	Fail	<input type="checkbox"/>					

