

Dieseko Group BV

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Date: _____

Customer name: _____

Jobsite location : _____

Power pack type : _____ Serial number: _____ Hrs: _____

Vibratory hammer type : _____ Serial number: _____

Clamp type : _____ Serial number: _____

Caisson clamps type : _____ Serial number: _____

Review check list with the customer.

- Check all delivered goods
- Review pre-delivery list with customer
- Review the owner's manual
- Explain daily maintenance
- Explain maintenance intervals
- Explain the operation of equipment
- Basic operation course executed
- Check list filled in

The operation of this equipment was explained to me by a representative of the Dieseko Group.

- I have reviewed and understand the warranty conditions.
- I have visually inspected the equipment and found no defects or damage or leakages.
- I have visually inspected the equipment and it is free from dirt and rust and the paint is in good condition.

Customer name: _____

Representative: _____

Signature: _____

Review check list with the customer

Check list	Value	OK	Remarks
Power pack:			
Engine oil level			
Hydraulic oil level			
Coolant level			
Fuel level			
Max. Clamp open pressure	Bar		
Max. Clamp close pressure	Bar		
Max. Operating-pressure	Bar		
Max. Moment + pressure (VM/RF)	Bar		
Max. Moment – pressure (VM/RF)	Bar		
All functions on control panel, cable and remote control			
Toolbox complete (If supplied)			
Bottom plate free of dirt, water and oil			
Software:			
Which software version is installed?			
Is the right language selected?			
Vibratory hammer:			
Gearbox oil level			
Maximum RPM of vibratory hammer (free hanging if possible)	RPM		
Working pressure (free hanging if possible)	Bar		
Average bearing cover temperature after 1 working hour.	°C		
Maximum temperature difference between bearing covers.	°C		
Clamp/H-beam/T-bar/Wide flange beam			
Bolts tightened at required torque			
Tightening torque		Nm	
Bleeding hydraulic clamp hoses			
General:			
All equipment free of leakage.			

Additional remarks:

Check list completed:

Name: _____ Date: _____ Signature: _____