DANFOSS TXV WARRANTY INFORMATION FORM

This warranty information form is included with all replacement Danfoss expansion valves. The form has a checklist for single expansion valve ice machines on one side and dual expansion valve ice machines on the other side. The form **must** be completed and returned to receive warranty credit. Attached are facsimiles of the form supplied with replacement expansion valves.

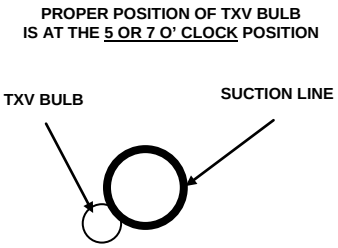
SINGLE EXPANSION VALVE ICE MACHINES ONLY:

Ice Machine Model_____ **Serial**_____ **Return Material Tag Number**_____

Ambient Air Temperature_____ **Water Temperature**_____

Important: This form must be completed by the servicing technician and returned with the part for warranty consideration. **Staple** the completed form to the Return Material Tag (**NOT THE LABOR CLAIM FORM**) and attach the return material tag to the suspect TXV. Refer to the Service Manual or Technicians Handbook for diagnostic information, complete the Operational Analysis Chart, and then complete this form.

1. ☐ Was the TXV sensing bulb heavily insulated and closed airtight?
2. ☐ Was the TXV sensing bulb securely clamped on the suction line?
3. ☐ Was the TXV bulb correctly positioned? *See illustration below:*



4. ☐ Was the sensing bulb indent in contact with the suction line?
5. ☐ Is the bulb mounting location on the suction line clean and straight?
6. ☐ Was the ice machine refrigerant charge correct?
7. After 5 min. into freeze cycle, record the suction line temperatures at the evaporator inlet_____°F, outlet_____°F
8. Check the box that best describes the ice formation pattern on this machine:
   - ☐ The ice fill pattern is Extremely Thin At The Outlet Of The Evaporator.
   - ☐ The ice fill pattern is Extremely Thin At The Inlet Of The Evaporator.
   - ☐ The ice fill pattern is Normal.
   - ☐ There was No Ice Formed On The Evaporator.
9. Record the following information:

AMOUNT OF TIME INTO FREEZE CYCLE	1 MINUTE INTO FREEZE CYCLE	MIDDLE OF FREEZE CYCLE	END OF FREEZE CYCLE
SUCTION PRESSURE			
DISCHARGE PRESSURE			
DISCHARGE LINE TEMPERATURE			

TOTAL FREEZE TIME _____ TOTAL HARVEST TIME _____

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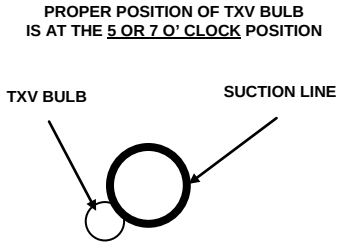
DUAL EXPANSION VALVE ICE MACHINES ONLY:

Ice Machine Model_____ **Serial**_____ **Return Material Tag Number**_____

Ambient Air Temperature_____ **Water Temperature**_____

Important: This form must be completed by the servicing technician and returned with the part for warranty consideration. **Staple** the completed form to the Return Material Tag (**NOT THE LABOR CLAIM FORM**) and attach the return material tag to the suspect TXV. Refer to the Service Manual or Technicians Handbook for diagnostic information, complete the Operational Analysis Chart, and then complete this form.

1. ☐ Was the TXV sensing bulb heavily insulated and closed airtight?
2. ☐ Was the TXV sensing bulb is securely clamped on the suction line?
3. ☐ Was the TXV bulb correctly positioned? *See illustration below:*



4. ☐ Is the bulb mounting location on the suction line clean and straight?
5. ☐ Was the sensing bulb indent in contact with the suction line?
6. ☐ Was the ice machine refrigerant charge correct?
7. Check the box that best describes the ice formation pattern on this machine:
   J-1300/J-1800/Q-1300/Q-1800 ice machines have two expansion valves mounted on a single evaporator
   Q-1400/Q-DUAL have two expansion valves mounted on two evaporators
   Refer to ice fill pattern on all models as left side or right side (viewed from the front of the ice machine)

   The ice fill pattern is Extremely Thin At The Outlet Of One Evaporator.
   ☐ Left Side ☐ Right Side
   The ice fill pattern is Extremely Thin At The Inlet Of One Evaporator.
   ☐ Left Side ☐ Right Side
   The ice fill pattern is Normal.
   ☐ Left Side ☐ Right Side
   There was No Ice Formed On One Evaporator.
   ☐ Left Side ☐ Right Side

8. Record the following information:

AMOUNT OF TIME INTO FREEZE CYCLE	1 MINUTE INTO FREEZE CYCLE	MIDDLE OF FREEZE CYCLE	END OF FREEZE CYCLE
SUCTION PRESSURE			
DISCHARGE PRESSURE			
DISCHARGE LINE TEMPERATURE			

TOTAL FREEZE TIME _____ TOTAL HARVEST TIME _____