



Howe AMMONIA Ice Flaker Warranty Registration

It is Howe Corporation's requirement that the refrigeration contractor insert the following information when installing Howe Flake Ice Equipment. Once completed, please fax this document to Customer Service at Howe Corporation at fax number 773-235-0269. Any questions, please call 773.687.4940

Howe Ice Flaker Model # _____ Serial # _____

Name of Ultimate User _____

Refrigeration Company Name _____

Address _____

City _____ St. _____ Zip _____

Phone _____

Technician's name (PRINT) _____

Installation Date _____

Location of Dual Pressure Regulator valve (check or list one below).

At ice Flaker _____ List other location _____

Verify suction pressure of Flaker's evaporator, measured at Dual Pressure Regulator on suction line:

FLAKER ON (low pressure) setting _____ PSIG

FLAKER OFF (high pressure) setting _____ PSIG

Verify proper supply liquid feed. Place a check mark on either photo below which most closely resembles the look of the sheet of ice on the ice Flaker's evaporator.



} Any remaining ice,
Top or bottom of
Evaporator?



Check here

Or check here

Refer to Quick Step Guide and or Installation & Service Manual for recommended factory settings

After proper adjustment (referenced on the Quick Step Guide)
Record overload setting.

Motor overload set point _____

Pump overload set point _____

After proper adjustment (referenced on the Quick Step Guide)
Record off delay timer set point.

Off delay timer set point _____

Please save the completed form before submitting to Howe

Refer to Quick Step Guide and or Installation & Service Manual
for recommended factory settings