

Brain Corporation – Scrubber Delivery Uncrating Checklist v2.2

Installation Location: _____ Machine Serial #: _____

Installed by & Date: _____

1. Inspect crate for damage. Take photos if damaged and contact Brain Corp immediately	Ok ☐ Not Ok ☐ Comments: _____
2. Inspect shock detectors note if tripped, take photos, and contact Brain Corp immediately	Ok ☐ Not Ok ☐ Comments: _____
3. Remove crate lid and 4 sides	Ok ☐ Not Ok ☐ Comments: _____
4. Remove skid bar tie downs - Save and return if returning crate	Ok ☐ Not Ok ☐ Comments: _____
5. Remove tie down straps	Ok ☐ Not Ok ☐ Comments: _____
6. Inspect the scrubber for damage. Take photos if damaged and contact Brain Corp immediately	Ok ☐ Not Ok ☐ Comments: _____
7. Remove from seat and wheel well area: Charger, Literature pack, Front Brush , LED Light, Brushes or Pads (if not installed on machine). Set aside.	Ok ☐ Not Ok ☐ Comments: _____
8. Lift seat, remove tape from red battery disconnect, and connect battery disconnect.	Ok ☐ Not Ok ☐ Comments: _____
9. Remove wheel chocks located behind rear wheels.	Ok ☐ Not Ok ☐ Comments: _____
10. Check that installed brushes did not fall off hubs in shipping. Reinstall if required.	Ok ☐ Not Ok ☐ Comments: _____
11. Turn on scrubber with key	Ok ☐ Not Ok ☐ Comments: _____
12. Using top of crate as a ramp, back scrubber off pallet.	Ok ☐ Not Ok ☐ Comments: _____
13. Perform standard machine installation and training of the manual machine functions.	Ok ☐ Not Ok ☐ Comments: _____
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15. Train machine owner on start-up / shutdown, Fill and Drain.	Ok ☐ Not Ok ☐ Comments: _____
16. Train machine owner on forward / reverse switch operation and foot pedals.	Ok ☐ Not Ok ☐ Comments: _____
17. Train machine owner on one touch button scrub deck raising / lowering, vacuum switch, horn.	Ok ☐ Not Ok ☐ Comments: _____
18. Train machine maintenance	Ok ☐ Not Ok ☐ Comments: _____
19. Unbox and set up battery charger	Ok ☐ Not Ok ☐ Comments: _____
20. Connect charger to scrubber, observe LEDs, on charger indicating charging.	Ok ☐ Not Ok ☐ Comments: _____

Customer: _____ Date: _____

With customer's consent, enter their initials and date (above) to confirm that they have received training and are taking receipt of the machine. Email this form to techservices@braincorp.com