

DUKE ALL IN ONE PROOF AND BAKE OVEN START-UP FORM

FAX Completed Form to Duke Manufacturing Co. FAX #(314) 231-2460

Start-up Date: _____ Service Company Name: _____
 Service Technician Name/Phone #: _____

Customer Name: _____ Store Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Contact: _____

Model Number:		Serial Number:	
Factory rating plate volts and phase		Volts	Phase
Actual volts and phase		Volts	Phase
Amp draw	L1	L2	L3

1) Is general condition of oven acceptable? Yes No
 If NO explain: _____

2) Any issues with supplying water or water leaks found? Yes No
 Inlet water supply pressure (PSIG) _____
 Is there a backflow prevention device already installed on the store water main supply line? Yes No
 What was the resolution of any issues: _____

3) Do the doors open in the proper direction? Yes No
 Right Side Hinge? Left Side Hinge?

4) Does the oven door seal properly? Yes No
 Does the door switch operate properly? Yes No
 If NO explain. _____

5) Do all oven and lights work properly? Yes No
 If NO explain. _____

6) Are the oven fans operating properly? Yes No
 If NO explain. _____

7) Does the touch screen power on? Yes No
 Does the Oven preheat and reach operating temperature? Yes No
 If NO explain. _____

8) Does the Oven when in a proof mode work correctly? Yes No
 If NO explain. _____
 What control number setting was entered for Proofer recipes? _____

9) Is the average oven temperature within 10°F of the actual setting? Yes No
 If NO explain. (Temperature taken at center of cavity) _____

10) Are test results OK for proofing and baking? Yes No
 If NO explain any changes needed. _____

11) Does the Cool Down function work correctly? Yes No
 If NO explain any changes needed. _____

Signature of Store Representative: _____

Signature of Service Technician: _____