WARRANTY ACTIVATION REPORT

"ESCAPE" WALK-IN TUB INSTALLATION

UNIT SERIAL NUMBER: MODEL NUMBER:

Upon the complete installation of the Escape Walk-In Tub, the following Warranty Report must be completed and returned to Best Bath Systems in order for the Warranty to be activated. The Warranty Report is to be returned using the enclosed pre-paid envelope.

The Warranty Report MUST be signed by both the Installer and the Customer. ☐

Have you inspected and verified the overall condition of the Escape Walk-In Tub at the time of delivery? ☐

Have the fixtures been installed correctly. i.e. are both the Hot and Cold supplies functioning through the fixture valves? ☐

Does the waste/overflow plumbing work correctly? Check to assure that the drain stopper raises to the proper level and that the stopper is properly seated.
NOTE: See overflow installation instructions. ☐

Have you checked to make sure that the Walk in Tub is level (top of the tub)? ☐

If applicable, are all of the levelers touching the floor? ☐

Has the door seal and the door jam been thoroughly cleaned with rubbing alcohol to remove dust and other foreign materials? ☐

Before filling the tub full of water has the pump and controls been tested?
NOTE: If when you plug in the power cord and the pump starts (with no water in the tub), immediately use the controls to turn the pump to the "OFF" position. ☐

Has the door been water tested, i.e. fill the tub with water to just above the door latch then allow the water to stand for 15 minutes? Inspect around the door. ☐

If it is a jetted unit, has the plumbing system and jets been tested, i.e. after the door has been tested, turn on the pump and allow to run for 15 minutes, then check for leaks around the jets and fittings? ☐

NOTE: In order for the Walk-In Tub to be covered under warranty, the unit must be installed with access to the pump and plumbing. ☐

I, _____ certify that the Escape Walk-In Tub has been properly installed and is
(Installer – Print Name)
operating correctly and in accordance with the Owner's Manual.

_____ (_____)_____ _____
Installer – Signature Installer – Telephone Date

_____ _____
Customer Date

_____
Address City State Zip

_____
Telephone

You must mail this warranty report to the manufacturer to activate the warranty.
Send to: Best Bath Systems, ATTN: Warranty Dept., 4545 Enterprise St., Boise, Idaho 83705