

PRODUCTS PTY LTD WE ARE AIR...

START TIME: ______ END TIME: _____

(Customer's Name/Title PRINTED)

DATE OF INSPECION:	MODEL NUMBER:	(HP):	
CUSTOMER NAME:	SERIAL NUMBER:		
CUSTOMER ADDRESS:	MFG DATE:	NEXT MAINT. D	ATE:
COMPRESSOR TYPE:	WORK ORDER NUMBER	:	
GENERAL INSPECTIONS - (CHECK AND RECORD, IF APPLICABLE) ELECTRICAL INSPECTION - (CHECK AND RECORD THE FOLLOWING)			
A B C 1. D D Inlet Filter Located Inside or Outside		Voltage	A B C
2. Housing Condition		0	D E F
Inlet Filter Condition Last Changed:	28. 🗆 🗖 🗖	Amperage	L1 L2 L3
4. Package Discharge Pressure	» – – – –	Voltage Drop	
5.		Total Package Amps (Full Load)	L1 L2 L3
6. C Ambient Temperature Room Inta		Inspect Contactors	
7. O Oil Level	32 00	View Electrical Connections	
8. Grease Motors (Type of Grease)	33. 🗆 🗖 🗖	Duty Cycle Test	
9. O Oil Leaks			
10. Excessive Vibration	PARTS USED:		
11. Belts Tight—Condition	Part #	Description	Quantity
12. Unit Safety Valves PSI Fic	w		
13. Unit Properly Regulated			
14. Condition of Regulator Filter			
15. Coolant Type			
16. Coolant Changed		I	
17. Inner-Cooler/After-Cooler Cleaned	NOTES:		
18. Check Online/Offline Pressure			
19. Check Line Filters			
20. Check Air Leaks			
21. Blow Out Dryer and Check			
22. Belt Guard Secure			
23. Check Pressure Switch			
24. Check Condensate Drains			
25. Check Oil/Water Separator			
26.			
A. Ok B. Fixed/Changed/Cleaned During Visit C. Still Requires Repair/Changing/Cleaning			
Y N Does customer have adequate spare parts? (If NO, enter recommendation	below) INSPECTED BY:	nuiceman's Signatura)	DATE:
□ □ Is there any additional maintenance needed?		rviceman's Signature)	
□ □ If Yes, is it urgent?	APPROVED BY:		DATE:
Recommendations: (Customer's Signature)			