

LSC FAILURE REPORT

***** This form must be completed & returned for warranty consideration and processing *****

(This failure report must be submitted within 60 days from the failure date)

FAX TO: 860-548-1705 ATTENTION: Customer Service

Reason for Return:

Failed in Warranty Teardown Report requested Teardown & Quote Salvage only

Failed Compressor:

Compressor Model No.: _____ Compressor Serial No.: _____

X #: _____ Compressor Run Hours: _____

Start-Up Date: _____ Failure Date: _____

Unit Model: _____ Unit Make: _____

Serial No.: _____ Job Name: _____

If the replacement compressor is provided from your stock, please note the model and serial number:

Failure Description: _____

Refrigerant Type: _____ Oil Type: _____ Last Oil Analysis (Date): _____

Oil Pressure: _____ Seal Oil Temp: _____

Vapor Injection Used: _____

Oil Cooling Type: *water-cooled / thermo-siphon / liquid injection*

Flooded Evaporator: *yes / no*

Unloader Arrangement: *single-acting / double-acting*

Remote Condensor: *yes / no*

Nominal Operating Conditions: (Prior to failure)

Compressor Suction: _____ psig/ _____ temp (°F)

Compressor Discharge: _____ psig/ _____ temp (°F)

NOTE: *Please follow instructions for shipping that will be sent with the Return Authorization.*

Company Name: _____

For HCI USE ONLY

Cust PO#: _____

RGB#: _____

Date: _____

A/E Comments: _____

A/E Signature: _____

Signature: _____ Date: _____