



Hartford Compressors, Inc.
179 South Street
West Hartford, CT 06110 USA
Phone: 860-249-8671 Fax: 860-548-1705
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LSC START-UP AND WARRANTY VALIDATION REPORT

**** Compressor Warranty is invalidated if this form is not completed and signed by an HCI Authorized Start-Up Technician within (5) working days of start-up ****

START UP DATE: _____

AUTHORIZED START UP SERVICE TECHNICIAN: _____

AUTHORIZED START UP SERVICE COMPANY: _____

Contact Phone #: _____ Email: _____

New Compressor Information

Package Information

Model # _____

Manufacturer: _____

Serial # _____

Model # _____

X File #: **X** _____

Serial # _____

Original Compressor (Replacement Situation Only)

Model # _____

Serial # _____

X File #: **X** _____

RGB # _____

Oil Data

Brand of oil used: _____

Type of oil used: _____

Application Information

Design Capacity: _____ TR

Design Saturated Suction Temperature: _____ °F

Design Saturated Discharge Temperature: _____ °F

Design suction superheat: _____ °F

Design subcooling: _____ °F

Flooded Evaporator: Yes No

Remote Condenser: Yes No

Oil Analysis Program

HCI recommends an oil sample be taken from the system three times per year for annual operation and twice per year on seasonal operation (such as air conditioning). These samples are sent to a testing lab for analysis of wear metal concentration, contaminants, moisture, acid and viscosity. More significant than the actual values obtained in any given oil test, are the changes noted as the hours of service on the oil increase. HCI Oil Analysis P/N 053507A1

Oil Sample Information

Name of lab testing oil samples: _____

If Oil Kare, what is the kit # (from sample processing form): _____

Date sample mailed: _____ Oil sample taken _____ hours after new compressor installed.

Compressor Operating Conditions

(For compressors *not* operating with refrigeration systems, ignore readings C, D, G & H)

Refrigerant Used: _____

Compressor Speed: _____ RPM

	SLIDE VALVE POSITION	20%	50%	100% *
A	SUCTION TEMPERATURE			
B	SUCTION PRESSURE			
C	SATURATED SUCTION TEMPERATURE			
D	SUCTION SUPERHEAT (A - C)			
E	DISCHARGE TEMPERATURE			
F	DISCHARGE PRESSURE			
G	SATURATED DISCHARGE TEMPERATURE			
H	DISCHARGE SUPERHEAT (E - G)			
I	OIL & DISCHARGE PRESSURE			
J	NET OIL PRESSURE (50 psid minimum)			
K	OIL TEMPERATURE (SUMP)			
L	OIL TEMPERATURE (MAIN FEED AT C4)			
M	OIL TEMPERATURE (INJECTION OIL AT C6)			
N	SEAL OIL TEMPERATURE (C10)			
O	PRESSURE DROP ACROSS OIL FILTERS			
P	VAPOR INJECTION PORT PRESSURE			
Q	VAPOR INJECTION PORT TEMPERATURE			

Notes: * Final readings must be taken with compressor fully loaded
 Oil sample must be submitted to qualified lab for analysis.

Start-up Service Technician's Declaration

The start-up service technician hereby declares that he/she has instructed the Owner's / Contractor's representative on the operation of the compressor, as well as instructing him/her on any future follow-up that may be required. (See the Owner's / Contractor's acceptance statement below) The start-up service technician acknowledges the replacement compressor is operating satisfactorily.

Signature of Service Technician

Company Name

Owner's / Contractor's Acceptance

The Owner / Contractor hereby agrees that the start-up meets with his/her approval and agrees to have the required maintenance performed on the compressor. Included in this maintenance is the taking of oil samples for analysis. These oil samples are to be taken after start-up and then again after (4) weeks of running time. The Owner / Contractor agrees to verify that the oil samples are sent to our testing lab for analysis per warranty requirements.

Signature of Owner / Contractor

Company Name

THIS REPORT MUST BE COMPLETELY FILLED OUT AND SIGNED WHERE INDICATED. THE ORIGINAL REPORT MUST BE MAILED OR FAXED TO HCI WITHIN (5) WORKING DAYS OF THE START-UP TO VALIDATE THE WARRANTY.

**PLEASE MAIL TO: HARTFORD COMPRESSORS INC.
ATTN: APPLICATION ENGINEERING
179 SOUTH STREET
WEST HARTFORD, CT 06110**

OR FAX TO: #860-548-1705, ATTENTION: APPLICATION ENGINEERING

<p align="center">FOR OFFICE USE ONLY</p> <p>HCI: REVIEWED BY: _____</p> <p>DATE: _____</p>
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