

## MSC FAILURE REPORT

**\*\*\* This form must be completed & returned for warranty consideration and processing \*\*\***  
**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.: \_\_\_\_\_  
 Compressor Run Hours: \_\_\_\_\_ Failure Date: \_\_\_\_\_  
 Start-Up Date: \_\_\_\_\_ Unit Make: \_\_\_\_\_  
 Unit Model: \_\_\_\_\_ Job Name: \_\_\_\_\_  
 Serial No.: \_\_\_\_\_

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): \_\_\_\_\_  
 Liquid Injection Used: \_\_\_\_\_ Vapor Injection Used: \_\_\_\_\_

**Nominal Operating Conditions:** *(Prior to failure)*

Compressor Suction: \_\_\_\_\_ psig/ \_\_\_\_\_ temp (°F)  
 Compressor Discharge: \_\_\_\_\_ psig/ \_\_\_\_\_ temp (°F)  
 Discharge gas temperature leaving the compressor at \_\_\_\_\_ (°F)

**Electrical Conditions:** *(Prior to failure)*

<u>Measured Volts</u>	<u>Measured Amps</u>	<u>Starting Type</u>
L1-L2: _____	L1: _____	X Line: _____
L2-L3: _____	L2: _____	2 Step: _____
L3-L1: _____	L3: _____	

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: \_\_\_\_\_