

PART 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

Unit Model: _____ Unit Serial No.: _____

Part Start Date: _____ Part Failure Date: _____

Job Name: _____ *(reference only)*

Failed Part:

Part No.: _____ Part Name: _____

Has this Part Failed Before? YES / NO If YES, how many times? _____

Compressor Info:

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

Time Part was in Service: _____ Compressor Run Hours: _____

Failure Description:

Electrical Conditions: *(Prior to failure)*

Measured Volts Measured Amps Starting Type

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: _____

Contact Name: _____

Signature: _____ **Date:** _____

For HCI USE ONLY
Cust PO#: _____
RGB#: _____
Date: _____
A/E Comments: _____

A/E Signature: _____