

## RECIPROCATING COMPRESSOR 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**

**Failed Compressor:**

Compressor Model No.: \_\_\_\_\_  
 Compressor Serial No.: \_\_\_\_\_  
 Compressor Run Hours: \_\_\_\_\_  
 Start-Up Date: \_\_\_\_\_  
 Failure Date: \_\_\_\_\_

**Previous Compressor: (if applicable)**

Compressor Model No.: \_\_\_\_\_  
 Compressor Serial No.: \_\_\_\_\_  
 Compressor Run Hours: \_\_\_\_\_  
 Start-Up Date: \_\_\_\_\_  
 Failure Date: \_\_\_\_\_

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

Failure Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Refrigerant Type: \_\_\_\_\_ Oil Type: \_\_\_\_\_

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

Compressor Suction: \_\_\_\_\_ psig/ \_\_\_\_\_ temp (°F)  
 Compressor Discharge: \_\_\_\_\_ psig/ \_\_\_\_\_ temp (°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:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For HCI USE ONLY**

Cust PO#: \_\_\_\_\_

RGB#: \_\_\_\_\_

Date: \_\_\_\_\_

A/E Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

A/E Signature: \_\_\_\_\_