
Failure Report for Large Screw Compressors

In order to evaluate compressor returns more effectively, we have developed the attached failure report for LSC's. This claim sheet is not intended to replace any other document. Its purpose is to provide Hartford Compressors information pertinent to the failure *as soon as it becomes available from the field*.

This will allow us to know the *diagnosed* cause of failure and to have that information available prior to the compressor teardown.

This new form must be completed by either the OEM or authorized service representative. All information on this document is to be completed prior to the issuance of an RGB. Failure to do so may result in denial of warranty consideration.

We appreciate your cooperation in this matter.

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:** _____