
Failure Report for Medium Screw Compressors

In order to process your warranty claims more efficiently, we have developed the attached warranty claim sheet for MSC's. This claim sheet is not intended to replace any other document. It is merely a way of providing Hartford Compressors information pertinent to the failure *as soon as it becomes available from the field*.

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

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

We appreciate your cooperation in this matter.

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.*

For HCI USE ONLY

Cust PO#: _____
 RGB#: _____
 Date: _____
 A/E Comments: _____

 A/E Signature: _____

Company Name: _____

Signature: _____ **Date:** _____