



# Fixed Speed Rotary Screw Start-up Form

**NOTE: Must be completed during the first hour of operation and submitted for warranty registration.**

**Distributor Name** \_\_\_\_\_

Contact \_\_\_\_\_ Direct Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

**Customer Name** \_\_\_\_\_

Contact \_\_\_\_\_ Direct Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

**Compressor Model #** \_\_\_\_\_ **Serial #** \_\_\_\_\_

Compressor Location:  Mechanical Room  Production Area Serviceable: Area:  Yes  No

Clean:  Yes  No Ambient Temperature: \_\_\_\_\_ °F Receiver Tank:  Yes  No Receiver size: \_\_\_\_\_ Gallons

Dryer  Yes  No Filters:  Yes  No Oil Water Separator  Yes  No

### General Checks

Oil Level Check:  Yes  No Fluid Type: \_\_\_\_\_ Belt Tension Check:  Yes  No \_\_\_\_\_ Hz/NM

Power Supply Input Voltage: L1/L2: \_\_\_\_\_ L2/L3: \_\_\_\_\_ L1/L3: \_\_\_\_\_ Breaker/Fuse Size: \_\_\_\_\_ Wire Size: \_\_\_\_\_

Set PSI: \_\_\_\_\_ Reset PSI: \_\_\_\_\_ **Pressure Relief Settings:** Sump \_\_\_\_\_ Package Discharge \_\_\_\_\_ Receiver Tank \_\_\_\_\_

Motor Rotation Check:  Yes  No Overload Set: \_\_\_\_\_ Min Speed Set \_\_\_\_\_ Max Speed Set \_\_\_\_\_

Fan Rotation Check:  Yes  No Overload Set: \_\_\_\_\_

### Installation Test Readings

Drive Motor Current Consumption @ Load: L1 \_\_\_\_\_ L2 \_\_\_\_\_ L3 \_\_\_\_\_ @ \_\_\_\_\_ PSI

Drive Motor Current Consumption @ Unload: L1 \_\_\_\_\_ L2 \_\_\_\_\_ L3 \_\_\_\_\_ @ \_\_\_\_\_ PSI

Fan Motor Current Consumption: L1 \_\_\_\_\_ L2 \_\_\_\_\_ L3 \_\_\_\_\_ Fan On: \_\_\_\_\_ °F Fan Off: \_\_\_\_\_ °F

Max Discharge Temp @ Full Load: \_\_\_\_\_ °F Oil Leak Check:  Yes  No

Pressure Leak Check:  Yes  No Max Ambient Temp Achieve: \_\_\_\_\_ °F

### Operator Training Completed

Compressor Operation Explained To Operator:  Yes  No Controller Alarm Reset Procedure Explained:  Yes  No

Panels Keys On Site:  Yes  No Explain Daily Checks:  Yes  No Explain Weekly Checks:  Yes  No

### Additional Comments

### Start-up Verification

Distributor Representative \_\_\_\_\_ Date: \_\_\_\_\_

Customer Representative \_\_\_\_\_ Date: \_\_\_\_\_