



Fixed Speed Rotary Screw Startup 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 Signatures

Distributor Signature _____ Date: _____

Customer Signature _____ Date: _____