

START TIME: _____ END TIME: _____

RECIPROCATING COMPRESSOR MAINTENANCE CHECKLIST

DATE OF INSPECTION: _____ MODEL NUMBER: _____ (HP): _____
 CUSTOMER NAME: _____ SERIAL NUMBER: _____
 CUSTOMER ADDRESS: _____ MFG DATE: _____ NEXT MAINT. DATE: _____
 COMPRESSOR TYPE: _____ WORK ORDER NUMBER: _____

GENERAL INSPECTIONS - (CHECK AND RECORD, IF APPLICABLE)

- | | | | |
|-----|--|--|-------------------------|
| | A B C | | |
| 1. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Inlet Filter Located Inside or Outside | _____ |
| 2. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Housing Condition | _____ |
| 3. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Inlet Filter Condition | Last Changed: _____ |
| 4. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Package Discharge Pressure | _____ |
| 5. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Full Load Pump Discharge Air Temp | _____ |
| 6. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Ambient Temperature | Room _____ Intake _____ |
| 7. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Oil Level | _____ |
| 8. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Grease Motors (Type of Grease) | _____ |
| 9. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Oil Leaks | _____ |
| 10. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Excessive Vibration | _____ |
| 11. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Belts Tight—Condition | _____ |
| 12. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Unit Safety Valves | PSI _____ Flow _____ |
| 13. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Unit Properly Regulated | _____ |
| 14. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Condition of Regulator Filter | _____ |
| 15. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Coolant Type | _____ |
| 16. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Coolant Changed | _____ |
| 17. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Inner-Cooler/After-Cooler Cleaned | _____ |
| 18. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Check Online/Offline Pressure | _____ |
| 19. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Check Line Filters | _____ |
| 20. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Check Air Leaks | _____ |
| 21. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Blow Out Dryer and Check | _____ |
| 22. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Belt Guard Secure | _____ |
| 23. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Check Pressure Switch | _____ |
| 24. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Check Condensate Drains | _____ |
| 25. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Check Oil/Water Separator | _____ |
| 26. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Clean Unit | _____ |

A. Ok B. Fixed/Changed/Cleaned During Visit C. Still Requires Repair/Changing/Cleaning

- Y N
 Does customer have adequate spare parts? (If NO, enter recommendation below)
 Is there any additional maintenance needed?
 If Yes, is it urgent?

Recommendations:

ELECTRICAL INSPECTION - (CHECK AND RECORD THE FOLLOWING)

- | | | | |
|-----|--|--------------------------------|--|
| 27. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Voltage | A. ____ B. ____ C. ____
D. ____ E. ____ F. ____ |
| 28. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Amperage | L1.____ L2.____ L3.____ |
| 29. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Voltage Drop | _____ |
| 30. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Total Package Amps (Full Load) | L1.____ L2.____ L3.____ |
| 31. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Inspect Contactors | _____ |
| 32. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | View Electrical Connections | _____ |
| 33. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Duty Cycle Test | _____ |

PARTS USED:

Part #	Description	Quantity

NOTES: _____

INSPECTED BY: _____ DATE: _____
(Serviceman's Signature)

APPROVED BY: _____ DATE: _____
(Customer's Signature)

(Customer's Name/Title PRINTED)