

START-UP REPORT WARRANTY REGISTRATION

To validate warranty, complete and return this page to Bauer Compressors, Inc. within **90 days** of initial operation; otherwise **warranty will be denied**. Refer to operator's manual for policies and procedures. This form should be filled out by the qualified compressor technician performing start-up, and signed by an authorized customer representative.

CUSTOMER	DISTRIBUTOR	APPLICATION
Company: _____	Company: _____	Breathing Air _____
Address: _____	Address: _____	Industrial _____
City: _____	Technician _____	Nitrogen _____
State: ____ Zip: _____	Phone Number _____	Natural Gas _____
Phone: (____) _____		Other _____
Contact: _____		Block Number _____
Model _____ Sales Order Number _____ Start-Up date _____		

Unit Location:

Indoors Outdoors Under Canopy Heated Unheated Air Conditioned Clean Dusty Oily

Supply Source:

At Compressor Piped from outside/external source, Pipe size _____ Distance _____

Pre-Start Checks:

- | | |
|--|--|
| <input type="checkbox"/> Oil Level within upper and lower limits | Oil Type: _____ |
| <input type="checkbox"/> V-Belt Drive alignment and tension | <input type="checkbox"/> Drive Coupling in alignment (if direct drive) |
| <input type="checkbox"/> Purification installed correctly | <input type="checkbox"/> Proper voltage connected (for E1 & E3 units only) |

Operational Checks: (to be made at or near full pressure)

Final Pressure Shutdown: _____ Restart Pressure: _____

Oil Pressure: _____ Oil Return Line Flow

Interstage Pressures: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ Final _____

Discharge Temperature from block (from gauge, if supplied) _____

Carbon Monoxide Monitor Operational Level _____ Not Applicable

Electrical Power Input: Voltage: _____ Amps: 1 _____ 2 _____ 3 _____

Leaks: (location)

Oil: _____ Air: _____

If Water Cooled:

Cooling Water Supply Temperature _____ Cooling Water Return Temperature _____

Cooling Water Flow _____ Closed Loop Open Loop

Signature: _____
Start-Up Technician - Title - Company - Date

Signature: _____
Customer Representative - Title - Date