COMPRESSOR FIELD RETURN & ANALYSIS FORM

SHIPPING INSTRUCTIONS WILL BE SENT AFTER FORM IS SUBMITTED

COMPLETE THIS FORM AND SUBMIT TO: bertraam.burgin@carrier.utc.com (email)
860.660.6529 (fax)

I) JOB SITE & SERVICING CONTRACTOR INFORMATION:		
	JOB SITE:	SERVICER/DISTRIBUTOR:
NAME:		
ADDRESS:		
CITY,STATE,ZIP:		
CONTACT:		
PHONE:		
FAX/EMAIL:		

II) UNIT INFORMATION:	MODEL:
UNIT START DATE:	SERIAL #:

III) FAILED COMPRESSOR(S) INFORMATION:

GET COMPRESSOR SERIAL NUMBER AND MODEL NUMBER OFF THE NAMEPLATE ON THE COMPRESSOR

FAILURE:	CODE:
LOCKED ROTOR AMPS	1
MOTOR FAIL	2
NOISE/VIBRATION	3
CIRCUIT FLOODED H_2O	4
OIL PRESSURE	5
CAPACITY LOSS	6
LEAK: REFIRERANT/OIL	7
PHYSICAL DMG	8
Other: Specify	9

POSITION	FAIL DATE	COMP'R SERIAL #	MODEL	COMP'R HRS	STARTS	FAIL CODE(S)

DESCRIBE FAILURE IN DETAIL:

CONDITIONS AT TIME OF FAILURE:

ALARM HISTORY BEFORE OR AT THE TIME OF FAILURE:

IV) SCA OR CQC NO:	DATE:

FOR RETURNING COMPRESSORS:	
Special Inspection Request Authorization will provide detailed instructions for compressor return. Authorization will be sent to the fax or email account as provided for the distributor/servicer above	