



COMPRESSOR START-UP CHECKLIST WARRANTY REGISTRATION

The warranty policy requires that the equipment must be inspected and started by a "Factory Qualified Technician". The Start-Up/Warranty sheet must be completed and signed by the Qualified Technician at the time of start-up. A copy of the completed Start-Up/Warranty sheet should be kept on file by the distributor providing the equipment and a copy sent to ANEST IWATA Air Engineering, Inc. ("AI-AE") by email (warranty@anestiwata.com), fax (513-755-1889) or mailed to: "AI-AE" 9525 Glades Drive West Chester, OH 45011.

Note: This checklist must be submitted within 30 days after the start-up for the warranty to be valid.*

*Otherwise, warranty period will begin at the date of shipment from AI-AE.

The inspections and recording of data outlined in this procedure are required for start-up of AI-AE products. This is not a step-by-step instruction on how to perform these tasks. Industry recognized safety standards and practices must be observed at all times. General industry knowledge and experience are required to assure technician safety. It is the responsibility of the technician to assess all potential dangers and take all steps warranted to perform the work in a safe manner. By addressing those potential dangers, prior to beginning any work, the technician can perform the work in a safe manner with minimal risk of injury.

Shaded green: Should fill out before the unit is energized.
 Shaded yellow: Should be filled out after the unit is energized.

Start Up Technician Name	Start up Date	
Start Up Technician Company Name	Start Up Technician Location	
Compressor Unit Model No.	Compressor Unit Serial No.	
Distributor Name	Distributor Location (City, State)	
Distributor Salesperson Name		
Final Customer Name		
Final Customer Address	City	Zip Code
Briefly Describe the application this compressor supplying air to		



	Yes	No	Item Tech Initials inspection
General check	<input type="checkbox"/>	<input type="checkbox"/>	Inspected for shipping, storage, or rigging damage?
	<input type="checkbox"/>	<input type="checkbox"/>	Followed instruction manual to install the unit?
	<input type="checkbox"/>	<input type="checkbox"/>	Unit is installed with adequate protection from water intrusion?
	<input type="checkbox"/>	<input type="checkbox"/>	Unit is not exposed to sunshine?
	<input type="checkbox"/>	<input type="checkbox"/>	High dust or Chemical area?
	<input type="checkbox"/>	<input type="checkbox"/>	Unit installed in Climate controlled area?
	<input type="checkbox"/>	<input type="checkbox"/>	Installation room has enough heat ventilation?
	<input type="checkbox"/>	<input type="checkbox"/>	Unit is installed with proper clearances per instruction manual?
	<input type="checkbox"/>	<input type="checkbox"/>	Enough air receiver size? _____ (GAL)
	<input type="checkbox"/>	<input type="checkbox"/>	Filters installed correctly and clean?
Electrical check	<input type="checkbox"/>	<input type="checkbox"/>	Condensate drains are vtrapped properly?
	<input type="checkbox"/>	<input type="checkbox"/>	All bolts and screws are tight?
	<input type="checkbox"/>	<input type="checkbox"/>	All field wiring (power, control and ground) completed?
	<input type="checkbox"/>	<input type="checkbox"/>	Terminal screws and wiring connections checked for tightness
	<input type="checkbox"/>	<input type="checkbox"/>	Feed cable size is enough? _____ GA or mm ²
	<input type="checkbox"/>	<input type="checkbox"/>	Circuit protection is installed _____ (A)
	<input type="checkbox"/>	<input type="checkbox"/>	Circuit protection type is Non-time delay fuse?
	<input type="checkbox"/>	<input type="checkbox"/>	Circuit protection type is Time delay fuse?
	<input type="checkbox"/>	<input type="checkbox"/>	Circuit protection type is Inverse time circuit breaker?
	<input type="checkbox"/>	<input type="checkbox"/>	Checked Over load setting amps _____ (A) each
<input type="checkbox"/>	<input type="checkbox"/>	Checked rotation of the pump(s)?	
<input type="checkbox"/>	<input type="checkbox"/>	Checked 115V cooling fan(s) work proper rotation?	
<input type="checkbox"/>	<input type="checkbox"/>	Pressure switch(s) or transducer(s) working properly?	
<input type="checkbox"/>	<input type="checkbox"/>	Any fault alarms? (Please write down detail in Comments.)	

Electrical System Details	
Supply Power	_____ (V)
Phase	_____ Phase
Before start up voltage	R-S: _____ (V), S-T: _____ (V), T-R: _____ (V)
Operating Voltage	R-S: _____ (V), S-T: _____ (V), T-R: _____ (V)
Max. unit Amps consumption	_____ (Amps)

Air System Details													
Ambient room temp (initial/final)	_____ / _____ °F												
Humidity (initial/final)	_____ / _____ %												
Max / Cut out pressure setting	_____ [psi]												
Dif. / Cut in pressure setting	_____ [psi]												
Package Discharge pressure	_____ [psi]												
	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/>	<input type="checkbox"/>												
Start/stop tested?													
Was automatic restart after power failure set up?													
unexpected noise and vibration?													
Automatic drain works properly?													
Did end customer receive operational and maintenance instruction?													

Air System Details					
Compressor certified as installed per factory recommendations and operates per design and as per factory performance specifications?	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

Recommendations / Comments

<input type="text"/>	<input type="text"/>	<input type="text"/>
Technician Signature	Technician Print Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer Signature	Customer Print Name	Customer Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Customer Phone	Customer Email	Date

AI-AE approvals			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approver signature	Print Name	Date	PO #