



Anest Iwata Air Engineering
 9525 Glades Drive
 West Chester, OH 45069
 (513) 755-5130

Compressor Warranty Claim Form

EVERY FIELD MUST BE FILLED OUT TO BE CONSIDERED FOR WARRANTY

Date of request: July/22/2021
 AIAE Distributor Name Anest Iwata direct
 Distributor Contact Name/Phone # _____
 Distributor Contact Email Address _____
 Distributor Original PO # _____
 Address of Equipment 6345 Inwood Dr., Columbus, IN 47201

Unit Information

Type of pump: Scroll Oil less Recip Lubricated recip HP: _____
 Description of Anest Iwata package that this is part of: _____
 Original model number of package (not pump): SLE-2-VT208
 Original unit serial number of package (not pump): _____
 Serial number of pump: _____ Date of sale of AI product: 2016

Installation

What is the application of the unit: _____
 Describe the installation site (clean, dusty, wet, dry, inside, outside, etc):
Inside
 Date of installation (start up or initial use of AI product): _____
 Date of installation/start up/initial us of pump if different from above: _____
 Accumulated running hours on pump: _____ Duty Cycle: _____
 Is this an original factory installed pump? (Y/N) _____
 If not, explain (including what happened to the original pump): _____
 Maintenance History: _____
 Date of work performed/hours on pump at time of work/details of work performed: _____
Major maintenance was conducted on
September 4, 26,577 Hrs

Maximum Pressure _____ Temperature in room/area of pump: _____
 Type of intake: Filter on pump
 Room air filter with distribution manifold
 Remote filter intake from _____ (identify source)
 Condition of intake filter: Is any liquid present in filter housing or piping, etc. ? _____

Have any modification to the original factory inlet filter / piping or the original factory outlet piping / aftercooler / check valve been performed, etc. ? (Y/N) EN If so, what _____

Is the original factory check valve in place and functioning? (Y/N) Y

Failure Mode

Approximate date of failure: July 19 - 22

Problem Description: _____

- Maximum pressure goes just 25 psi. _____

How did you realize the failure? _____

The alarm of the measuring instrument & value of the pressure gauge is confirmed

How long did the pump run after failure? _____

It was temporarily fix yesterday, but today the air supply is little short. 60psi

Customer Signature

Yus Habajima

Anest Iwata Office use only

Original Sales order # _____ Original Invoice # _____ Original Ship date _____

Does the potential return fall within the initial warranty period? (Y/N) _____

Does the potential return fall within the additional warranty period? (Y/N) _____

Does return need to be evaluated before determining warranty? (Y/N) _____

Issue an RMA? (Y/N) _____ RMA # _____ Replacement Order # _____

Replacement Parts Needed

Qty	Part Number

Remarks _____

Is the warranty claim approved? _____ Parts (Y/N) _____ Labor(Y/N) _____

Evaluation Report Completed? (Y/N) _____ (Attach report with claim form)

Approver Initials _____ Date _____