



COMPRESSOR INSPECTION REPORT

DATE _____ MFG. _____ MODEL _____ SERIAL NO. _____

CUSTOMER _____ VOLTAGE _____ PHASE _____

NUMBER THE CYLINDERS IN RELATION TO WHERE IT'S CONNECTING ROD ATTACHES TO THE CRANKSHAFT. WHILE INSPECTING THE PARTS MAKE NOTE OF ANY PATTERN IN THE FAILED PARTS SUCH AS THE BEARING CONDITION AS THE POSITION MOVES DOWN THE SHAFT AWAY FROM, OR TOWARD THE OIL PUMP.

MOTOR	OK <input type="checkbox"/>	GROUNDED <input type="checkbox"/>	BLOWN IN SLOT <input type="checkbox"/>	ROASTED <input type="checkbox"/>	SINGLE PHASE <input type="checkbox"/>	PRIMARY SINGLE PHASE <input type="checkbox"/>
	1/2 WINDING SINGLE PHASE <input type="checkbox"/>	1/2 WINDING BURN <input type="checkbox"/>	BLOWN CONNECTION <input type="checkbox"/>	ROTOR DRAGGING <input type="checkbox"/>		

VALVES	OK <input type="checkbox"/>	SUC. VAL. BROKEN <input type="checkbox"/>	DISC. VAL. BROKEN <input type="checkbox"/>	THREADS STRIPPED <input type="checkbox"/>	BACKER BENT/BROKEN <input type="checkbox"/>
	BOLTS BROKEN <input type="checkbox"/>	DISCOLORATION <input type="checkbox"/>	LIGHT CARBONIZATION <input type="checkbox"/>	HEAVY CARBONIZATION <input type="checkbox"/>	
	COPPER PLATING <input type="checkbox"/>	DRY <input type="checkbox"/>	CYLINDER LOCATION _____		

CYLINDERS	OK <input type="checkbox"/>	WORN <input type="checkbox"/>	SCORED <input type="checkbox"/>	DAMAGED <input type="checkbox"/>	DRY <input type="checkbox"/>	GALLED <input type="checkbox"/>	LOCATION _____
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PISTONS	OK <input type="checkbox"/>	SCORED <input type="checkbox"/>	BROKEN <input type="checkbox"/>	SEVERE WEAR <input type="checkbox"/>	WRIST PIN HOLE OVERSIZE <input type="checkbox"/>	NORMAL RING WEAR <input type="checkbox"/>
	SEVERE RING WEAR <input type="checkbox"/>	RINGS BROKEN <input type="checkbox"/>	LOCATION _____			

RODS	OK <input type="checkbox"/>	BENT <input type="checkbox"/>	BROKEN <input type="checkbox"/>	WRIST PIN HOLE OVERSIZE <input type="checkbox"/>	SCORED THRUST SURFACE <input type="checkbox"/>	_____
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ROD BEARINGS	OK <input type="checkbox"/>	SCORED <input type="checkbox"/>	GALLED <input type="checkbox"/>	COPPER PLATING <input type="checkbox"/>	LOCATION _____
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MAIN BEARINGS	DRIVE/MOTOR	OK <input type="checkbox"/>	GALLED <input type="checkbox"/>	SCORED <input type="checkbox"/>	NORMAL WEAR <input type="checkbox"/>	SLIGHT WEAR <input type="checkbox"/>	SEVERE WEAR <input type="checkbox"/>
	DRIVE/CRANKCASE	OK <input type="checkbox"/>	GALLED <input type="checkbox"/>	SCORED <input type="checkbox"/>	NORMAL WEAR <input type="checkbox"/>	SLIGHT WEAR <input type="checkbox"/>	SEVERE WEAR <input type="checkbox"/>
	OIL PUMP MAIN	OK <input type="checkbox"/>	GALLED <input type="checkbox"/>	SCORED <input type="checkbox"/>	NORMAL WEAR <input type="checkbox"/>	SLIGHT WEAR <input type="checkbox"/>	SEVERE WEAR <input type="checkbox"/>

OIL PUMP	OK <input type="checkbox"/>	SCORED <input type="checkbox"/>	SHAFT BROKEN <input type="checkbox"/>	END CLEARANCE <input type="checkbox"/>	SHAFT BENT <input type="checkbox"/>	PUMP BEARING WORN <input type="checkbox"/>
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OIL	OK <input type="checkbox"/>	LOW <input type="checkbox"/>	HIGH <input type="checkbox"/>	MOISTURE <input type="checkbox"/>	WATER <input type="checkbox"/>	DIRTY <input type="checkbox"/>	COMMENT _____
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CASTING	OK <input type="checkbox"/>	DRY <input type="checkbox"/>	CRACKED <input type="checkbox"/>	JUNK <input type="checkbox"/>	RUSTY <input type="checkbox"/>	DIRTY <input type="checkbox"/>	COMMENT _____
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OTHER COMMENTS: _____

POSSIBLE CAUSES OF FAILURE (REFER TO "IDENTIFYING FAILURE MODES")	FLOODING <input type="checkbox"/>	FLOODED START <input type="checkbox"/>	SLUGGING <input type="checkbox"/>
HIGH DISCHARGE TEMPERATURE <input type="checkbox"/>	LOSS OF LUBRICATION <input type="checkbox"/>	LOSS OF OIL <input type="checkbox"/>	1/2 WINDING BURN <input type="checkbox"/>
1/2 WINDING SINGLE PHASE <input type="checkbox"/>	PRIMARY SINGLE PHASE <input type="checkbox"/>	SINGLE PHASE <input type="checkbox"/>	

OTHER: EXPLAIN _____

INSPECTED BY: _____ DATE _____