



Division of Pump Engineering Company

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Customer: _____ Contact: _____ Unit#: _____

Make: _____ Model: _____ Serial #: _____

Machine Hours: _____ S.O. # _____ Work Order # _____

SERVICE INSPECTION SHEET

Check & Record	Check
<input type="checkbox"/> Test Run Unit	<input type="checkbox"/> Belts/Coupling. (Good) (Replace)
<input type="checkbox"/> Amps. (L1) (L2) (L3)	<input type="checkbox"/> Oil Level. (Good) (Top Off)
<input type="checkbox"/> Volts. (L1) (L2) (L3)	<input type="checkbox"/> Safety Devices. (Working) (Replace)
<input type="checkbox"/> Temperatures. (Air) (Oil)	<input type="checkbox"/> Automatic Drains. (Working) (Replace)
<input type="checkbox"/> Pressures. (Discharge) (Oil)	<input type="checkbox"/> Oil/Water Separator. (Good) (Replace)
<input type="checkbox"/> Oil Sample taken. (Yes) (submit)	<input type="checkbox"/> Electrical Controls. (Good) (Problems)
Are There Any?	Replace
<input type="checkbox"/> Air Leaks. (Yes) (No)	<input type="checkbox"/> Air Filter(s). (Yes) (No)
<input type="checkbox"/> Oil Leaks. (Yes) (No) (NA)	<input type="checkbox"/> Oil Filter(s). (Yes) (No)
<input type="checkbox"/> Water Leaks. (Yes) (No) (NA)	<input type="checkbox"/> Air/Oil Separator. (Yes) (No)
<input type="checkbox"/> Other issues, visible problems. (Yes) (No)	<input type="checkbox"/> Compressor Fluid. (Yes) (No) (Qty.)
Check/Clean	<input type="checkbox"/> Oil/Water Separator Element. (Yes) (No)
<input type="checkbox"/> Inspect Condensate/Moisture Traps. (Yes) (No)	<input type="checkbox"/> Other.
<input type="checkbox"/> Inspect Line Filters. (Yes) (No) (NA)	<input type="checkbox"/> Other.
<input type="checkbox"/> Scavenge Line Orifices. (Yes) (No) (NA)	<input type="checkbox"/> Other.
<input type="checkbox"/> Blow Out Oil & Air Coolers. (Yes) (No)	<input type="checkbox"/> Lubricate Motor Bearings. (Yes) (No)

POST WORK INSPECTIONS

<input type="checkbox"/> Check For Air/Oil Leaks After Work Is Complete. (Yes)
<input type="checkbox"/> Wipe Down Compressor. (Yes)
<input type="checkbox"/> Clean Compressor Area. (Yes)
<input type="checkbox"/> Update all QAir Service Tags. (Yes)
<input type="checkbox"/> Advise Customer Of Any Issues/Problems. (Yes)

Notes:

QAir Technician: _____ Service Date: _____

Customer Signature _____