



REPORT NO° RA-.....

CUSTOMER:	DATE ISSUED:
ORDER N°:	CONTACT:
ADDRESS:	PHONE N°:
	FAX N°:

FILTER	PART N°:	DESCRIPTION:
	DATE CODE:
	DATE INSTALLED:	HOURS:
	DATE REMOVED:	HOURS:
	DATE PRODUCT RETURNED:	
	REASON FOR PREMATURE REMOVAL:	
	CUSTOMER OBSERVATIONS	

COMPRESSOR	COMPRESSOR MAKE:	DATE OF MANUFACTURE:
	MODEL:	SERIAL N°:
	TOTAL WORKING HOURS:	
	IS THE COMPRESSOR WORKING IN A CLEAN ENVIRONMENT? <i>IF "NO" PLEASE GIVE A BRIEF DESCRIPTION.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	
	HAS THE COMPRESSOR BEEN REGULARLY SERVICED WITHIN THE PARAMETERS STATED BY THE MANUFACTURER?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<i>IF "YES" PLEASE COMPLETE THE FOLLOWING FROM YOUR SERVICE RECORDS</i>	

MAINTENANCE	LAST SERVICE DATE:		CLOCK HOURS:	
	CHANGED <input type="checkbox"/>	MAKE	TYPE	
	OIL <input type="checkbox"/>			
	AIR FILTER <input type="checkbox"/>			
	OIL FILTER <input type="checkbox"/>			
	SEPARATOR <input type="checkbox"/>			
	WERE THE FOLLOWING CHECKED: SCAVENGE TUBE <input type="checkbox"/> YES <input type="checkbox"/> NO MIN. PRESSURE <input type="checkbox"/> YES <input type="checkbox"/> NO			
	PREVIOUS SERVICE DATE:		CLOCK HOURS:	
	CHANGED <input type="checkbox"/>	MAKE	TYPE	
	OIL <input type="checkbox"/>			
AIR FILTER <input type="checkbox"/>				
OIL FILTER <input type="checkbox"/>				
SEPARATOR <input type="checkbox"/>				
WERE THE FOLLOWING CHECKED: SCAVENGE TUBE <input type="checkbox"/> YES <input type="checkbox"/> NO MIN. PRESSURE <input type="checkbox"/> YES <input type="checkbox"/> NO				
COMPLETED BY: SIGNED				