

Vac

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A 100% Employee-Owned Company

Mechanical Equipment

Sales & Service

AIR COMPRESSOR START UP REQUEST

Return This Form via Email MDSERVICESUPPORT@CUMMINS-WAGNER.COM or Fax# 301-490-9518

Project Name:			C-W Sa	les Engineer:		
Contractor:						
Address:	City:		State:		Zip Code:	
Jobsite Contact:	Jobsite Contact Number:					
Project Manager:	Project	Manager Phone:	Office		Cell:	

					168	INO			
1. Confirm <u>all</u> p	ermanent electrical conn	ections have been	completed.						
2. Confirm that	Confirm that all necessary permanent piping connections are complete.								
3. Confirm that	Confirm that all necessary permanent inlet piping connections are complete. (if Applicable)								
4. Confirm that	Confirm that all necessary permanent water connections piping connections are complete. (if Applicable)								
5. Confirm that	Confirm that all necessary permanent drain line piping is complete.								
	Confirm that Compressor is in complete contact with floor.								
			used on both inlet & outlet piping conne	ctions.					
•		•	ed and piped, (if included)						
	ice Disconnect is with re		* *						
	-		nponents per manufacturer's instructions	3.					
•	ssociated receiver tank ha								
12. If installed ou	tside, has the equipment	been approved for	outside installation and properly protect	ed.					
			Compressor Information						
ump Tag:			<u>Compressor information</u>						
Iake:			Model Number:						
			Serial Number:						
Voltage:	Phase:		Horsepower:		RPM:				
nsulation Class:	on Class: B F H		Premium Eff. Motor:	Yes	No				
Iotor Enclosure:	otor Enclosure: ODPE TEFC		Compressor Location:	Inside	Outside				
Comments:									
Authorized Signature:			Date:		_				

 Printed Name:

 Title:

I hereby authorize request for Start-Up services. I acknowledge that all equipment that is deemed not ready for requested service is subject to additional cost to complete.