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 Annapolis Junction, MD 20701-1125
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 Fax: (301) 490-7156

**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 Sales Engineer:				
Contractor:								
Address:			City:			State:		
Jobsite Contact:			Jobsite Contact Number:					
Project Manager:			Project Manager Phone:	Office:			Cell:	

	Yes	No
1. Confirm all permanent electrical connections have been completed.		
2. Confirm that all necessary permanent piping connections are complete.		
3. Confirm that all necessary permanent inlet piping connections are complete. (if Applicable)		
4. Confirm that all necessary permanent water connections piping connections are complete. (if Applicable)		
5. Confirm that all necessary permanent drain line piping is complete.		
6. Confirm that Compressor is in complete contact with floor.		
7. Confirm, if isolation is used check that flexible piping is used on both inlet & outlet piping connections.		
8. Confirm, Dryer equipment is completely connected, wired and piped, (if included)		
9. Confirm Service Disconnect is with required distance from equipment.		
10. Confirm, Maintenance access acceptable for unit and components per manufacturer's instructions.		
11. Check, any associated receiver tank has appropriate size relief valve.		
12. If installed outside, has the equipment been approved for outside installation and properly protected.		

Compressor Information

Pump Tag:							
Make:			Model Number:				
			Serial Number:				
Voltage:		Phase:			Horsepower:		
Insulation Class:	B	F	H	Premium Eff. Motor:	Yes	No	
Motor 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.

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