

AFTERCARE SERVICE REPORT (COMPRESSORS)

Job Ref: _____

Model #: _____

Service Company: _____

Purchase date: _____

Technician: _____

Serial #: _____

Customer Name: _____

Warranty Exp: _____ (7 Yr Parts & Labour)

Business Name: _____

Contact Details - Phone: _____ Email: _____

AFTERCARE SERVICE SCHEDULE

Service Due	1 Phase Compressor	3 Phase Compressor	Kit Qty.	Service Due	1 Phase Compressor	3 Phase Compressor	Kit Qty.
<input type="checkbox"/> Year 1	Minor Service Kit	Minor Service Kit		<input type="checkbox"/> Year 6	Intermediate Service Kit	Minor Service Kit	
<input type="checkbox"/> Year 2	Minor Service Kit	Minor Service Kit		<input type="checkbox"/> Year 7	Minor Service Kit	Minor Service Kit	
<input type="checkbox"/> Year 3	Intermediate Service Kit	Minor Service Kit		<input type="checkbox"/> Year 8	Minor Service Kit	Minor Service Kit	
<input type="checkbox"/> Year 4	Minor Service Kit	Minor Service Kit		<input type="checkbox"/> Year 9	Intermediate Service Kit	Minor Service Kit	
<input type="checkbox"/> Year 5	Minor Service Kit	Minor Service Kit		<input type="checkbox"/> Year 10	Minor Service Kit	Minor Service Kit	

NOTE: All compressor service kits are available with HEPA H14 antibacterial filters for pure air delivery.

MINOR SERVICE TASKS

Task	Done
Replace air inlet filters on compressor head(s).	
Replace filter in the top of each drying column. Replacement filter(s): <input type="checkbox"/> Standard <input type="checkbox"/> HEPA	
Replace o-ring seal on the top cover of the drying column(s).	

INTERMEDIATE SERVICE TASKS

Task	Done
Replace air inlet filters on compressor head(s).	
Replace filter in the top of each drying column. Replacement filter(s): <input type="checkbox"/> Standard <input type="checkbox"/> HEPA	
Replace o-ring seal on the top cover of the drying column(s).	
Replace motor start capacitor.	

TEST & INSPECT TASKS

Task	Status	Notes
Check tension of cylinder head bolts (6Nm).	<input type="checkbox"/> OK	
Check for fluid in tank.	<input type="checkbox"/> OK	
Time duration to fill the tank with air. (6 Bar ON / 8 Bar OFF) (switch off between 45-55 seconds).	<input type="checkbox"/> OK	Time: (sec) -
Check direction of motor rotation (3ph only).	<input type="checkbox"/> OK	
Check valve operation in each cylinder during operation.	<input type="checkbox"/> OK	
Check operation of the radiator cooling fan.	<input type="checkbox"/> OK	
Check drying system operation.	<input type="checkbox"/> OK	
Inspect all plumbing hoses and connections.	<input type="checkbox"/> OK	
Check for abnormal noises or air leaks during operation.	<input type="checkbox"/> OK	
Inspect plant room ventilation and verify specification for the site. Formula: Watts x 0.15 = m3/hr.	<input type="checkbox"/> OK	
Measure plant room temperature. (Ambient temperature must not exceed 30°C).	<input type="checkbox"/> OK	

Signed: _____

Date: _____

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