



Always Better.

USA Commissioning Report

Date _____ Date Sold _____

Customer _____ Distributor _____

Address _____ Branch Location _____

City/State/Zip _____ Technician (Print name) _____

Contact (Print name) _____ ELGI Model No. _____

Phone _____ Unit FAB (Located on Cabinet Exterior Data Tag)

E Mail _____ FAB: _____

Site Conditions

Location: Indoors _____ Outdoors Sheltered _____ Outdoors Unsheltered _____ Clean/Dry _____ Yes _____ No

Max Expected Ambient Temp _____ Min Expected _____ Adequate space surrounding unit 3-4' _____

Comp sitting on flat/level floor _____ Room is well ventilated _____ Freeze protected _____

Comments regarding ventilation _____

Verify packing list contents. Door key, Owner's manual, Electrical drawing, Oil sample bottle _____

Verify condition of paint/panels/decals _____ Comments _____

Operation

Voltage (L-to-G) L1 _____ L2 _____ L3 _____ Voltage (L-to-L) L1-L2 _____ L1-L3 _____ L2-L3 _____

Full LD Amperage L1 _____ L2 _____ L3 _____

Check/Tightened all Electrical Terminations _____ Check/Tightened all Control Fittings _____

Ambient Temp _____ Comp Discharge Temp _____ Load PSIG _____ Unload PSIG _____

Condensate Drain properly routed _____ Verify Drain is Operating Correctly _____ Oil Fill checked/adjusted after full test at temp _____

Cooling fan(s) rotating correctly (Running, or on after 185/203 degrees) _____ Red shipping (Motor & A/E) anchors removed _____ Removed silica gel bags _____

Clean/Wipe unit _____ Customer briefed on safety/operations _____

Comments _____

Customer understands requirements for warranty _____ Understands oil sampling needs _____

(Explain) _____

___ I certify that this compressor has been properly installed, tested and is safe for use by the customer.

Dist. Technician Signature _____

Customer Signature _____