



Instrument Air System Start-up and Warranty Registration Form

Date of Start-Up: _____ System Serial Number: _____

Pre-start and initial start-up procedures must be performed by an authorized representative of Patton's Medical.

Start-Up Representative:

Company: _____
Address: _____
City _____
State _____
ZIP _____
Representative _____
Phone Number _____
Fax Number _____

End User:

Facility: _____
Address: _____
City _____
State _____
ZIP _____
Contact _____
Phone Number _____
Fax Number _____

Unit Information (Located inside control panel door)

Model # _____ Serial # _____ Ship Date _____
Voltage _____ System FLA _____ Drawing # _____ Rev. _____

Installation

Ambient Temperature (105°F Max) _____ Highest Expected Ambient Temperature _____
System Mounted Level: Yes No Ventilation: Adequate Inadequate
Shipping Blocks Removed: Yes No
Location/Room _____
Supply Voltage /Amperage _____ / _____
Service Access Around Equipment - 24" minimum required: Yes No
Facility Intake Piping Size _____ Facility Outlet Piping Size _____
Any installation issues that need to be addressed: _____

Pre-Start Checks

Pump Motor Nameplate Amps _____ Overload Relay Setting _____
Connections Complete: Inlet Discharge Drain Line Electrical
All Shut Off Valves Correctly Positioned (inlet valves open): Yes No
Receiver Bypass Valves Correctly Positioned (bypass closed): Yes No
Direction of Rotation Checked/Corrected on All Compressors: Yes No
All electrical connections re-tightened: Yes No



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Operational Checks

#1 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#2 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#3 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#4 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#5 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#6 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#7 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#8 Motor Volts:	L1-L2 _____	L2-L3 _____	L1-L3 _____	
#1 Motor Amps:	L1 _____	L2 _____	L3 _____	
#2 Motor Amps:	L1 _____	L2 _____	L3 _____	
#3 Motor Amps:	L1 _____	L2 _____	L3 _____	
#4 Motor Amps:	L1 _____	L2 _____	L3 _____	
#5 Motor Amps:	L1 _____	L2 _____	L3 _____	
#6 Motor Amps:	L1 _____	L2 _____	L3 _____	
#7 Motor Amps:	L1 _____	L2 _____	L3 _____	
#8 Motor Amps:	L1 _____	L2 _____	L3 _____	
Pressure Switch Settings:	Lead _____	2nd _____	3rd _____	4th _____
	5th _____	6th _____	7th _____	8th _____

Alternation Verified: Yes No Noise & Vibration OK: Yes No

Alarms Checked: High Temp Lights Yes No Lag Pump Run Yes No

High Temp Shutdown Function Yes No

Dryers and Regulators Operational Checks

Desiccant Dryer #1

Manual Purge: Switching Properly (every 1 min 30 seconds): Yes No

Purges Properly: Yes No

Demand Purge: Tower Pressure Equalizes Below Minus -10° C: Yes No

Desiccant Dryer #2

Manual Purge: Switching Properly (every 1 min 30 seconds): Yes No

Purges Properly: Yes No

Demand Purge: Tower Pressure Equalizes Below Minus -10° C: Yes No



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Date of Start-Up: _____ System Serial Number: _____

System Status

Dryer Left Online: Yes No Dryer 1 S/N _____ Dryer 2 S/N _____

Selector Switch Position: Manual Demand

Regulator #1 Adjusted to: _____ Regulator #2 Adjusted to: _____

Dryer Online _____ Dryer 1 Part # 07-0 Dryer 2 Part # 07-0

Final Dew Point Reading: _____ Dew Point Alarm Checked: Yes No

Final CO Reading: _____ CO Alarm Checked: Yes No

Left Online Turned Off If off, for how long? _____

Checked for Leaks Yes No

Any problems that need to be resolved: _____

We the undersigned having observed the start up of this equipment, certify that the information given is true and correct to the best of our knowledge. We also understand that any deficiencies listed on this report that are not corrected, may affect the warranty of this system.

Patton's Medical Representative: _____ Date: _____

End User Representative: _____ Date: _____

This form must be completed and returned to Patton's Medical within five days to register the unit for warranty.