In order to process your warranty claims more efficiently, we have developed the attached warranty claim sheet for MSC’s. This claim sheet is not intended to replace any other document. It is merely a way of providing Hartford Compressors information pertinent to the failure as soon as it becomes available from the field.

This will allow us to know what the diagnosed cause of failure was and have that information available prior to the teardown of the compressor.

Either the OEM or authorized service representative must complete this new form. All information on this document is to be completed prior to the issuance of an RGB return material tag. Failure to do so may result in denial of warranty consideration.

We appreciate your cooperation in this matter.
MSC FAILURE REPORT

*** This form must be completed & returned for warranty consideration and processing ***
FAX TO: 860-548-1705  ATTENTION: Customer Service

Reason for Return:
☐ Failed in Warranty  ☐ Teardown Report requested  ☐ Teardown & Quote  ☐ Salvage only

Failed Compressor:
Compressor Model No.: ________________  Compressor Serial No.: ________________
Compressor Run Hours: ________________  Failure Date: ________________
Start-Up Date: ________________________  Unit Make: ________________________
Unit Model: ________________________  Job Name: ________________________
Serial No.: ________________________

If the replacement compressor is provided from your stock, please note the model and serial number:

__________________________

Failure Description: ____________________________________________________________

__________________________

Refrigerant Type: __________  Oil Type: __________  Last Oil Analysis (Date): __________
Liquid Injection Used: _________  Vapor Injection Used: _______________

Nominal Operating Conditions: (Prior to failure)
Compressor Suction: _______ psig/ _______ temp (°F)
Compressor Discharge: _______ psig/ _______ temp (°F)
Discharge gas temperature leaving the compressor at _____ (°F)

Electrical Conditions: (Prior to failure)

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Starting Type
X Line: _________  2 Step: _________

NOTE: Please follow instructions for shipping that will be sent with the Return Authorization.

Company Name: ________________________________

For HCI USE ONLY

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<tr>
<th>Cust PO#:</th>
<th>RGB#:</th>
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A/E Comments: ________________________________

A/E Signature: ________________________________

Signature: ________________________________  Date: ________________________________