



COPELAND WARRANTY CLAIM TAG

Returning Wholesaler or O.E.M. _____

Customer Order No. _____

Inoperative Compressor:
Model No. (Complete) _____ Serial No. _____

Date Inoperative Compressor was installed _____ Date Failed _____
Month Day Year Month Day Year

Replacement Compressor:
Model No. (Complete) _____ Serial No. _____

Name of Fixture or Equipment Mfr. _____

Manufacturer's Unit Model No. _____ Serial No. _____

Original Unit was sold by: Copeland Corporation Wholesaler Mfg.

Date of Original installation _____ Type of Refrigerant _____
Month Day Year

How many compressors have failed on this unit/system? _____

Cause of failure (Check one or more)

Noise	Compressor will not start	Air Conditioning	Refrigeration	Type of equipment	
<input type="checkbox"/> At start up	<input type="checkbox"/> Motor grounded	<input type="checkbox"/> Suct. tube at shell	<input type="checkbox"/> Head-gasket	<input type="checkbox"/> A/C, HP Split	<input type="checkbox"/> Parallel
<input type="checkbox"/> Running steady	<input type="checkbox"/> Motor open	<input type="checkbox"/> Disch. tube at shell	<input type="checkbox"/> V.P. gasket	<input type="checkbox"/> A/C, HP packaged	<input type="checkbox"/> Single
<input type="checkbox"/> Running-intermittent	<input type="checkbox"/> Starting components OK	<input type="checkbox"/> Fusite	<input type="checkbox"/> Bottom plate	<input type="checkbox"/> Remote condenser	<input type="checkbox"/> Booster
<input type="checkbox"/> At shut down	<input type="checkbox"/> Thermostat open	<input type="checkbox"/> Process tube at shell	<input type="checkbox"/> Sight glass	<input type="checkbox"/> Other	<input type="checkbox"/> Reach-in case
<input type="checkbox"/> Excessive vibration	<input type="checkbox"/> Oil press. trip	<input type="checkbox"/> Heater well	<input type="checkbox"/> Suct. service valve		<input type="checkbox"/> Condensing unit
	<input type="checkbox"/> Module trip (motor protector)	<input type="checkbox"/> Other	<input type="checkbox"/> Disch. service valve		
	<input type="checkbox"/> Module trip (demand cooling)		<input type="checkbox"/> Other		
	<input type="checkbox"/> Voltage at compressor				

Low Capacity (Describe Symptoms) _____

Other (Please Describe) _____

Why was the service call initiated? _____

Your Name _____

Company (Service Contractor) _____ Phone No. _____