

30-45 DAY INSPECTION, REPAIR & MAINTENANCE RECORD



REFRIGERATION UNIT

UNIT IDENTIFICATION	
_____ MAKE	_____ SERIAL NUMBER
_____ YEAR	_____ UNIT NUMBER
_____ T/K HOURS	_____ OWNER, IF LEASED

Check	Replace		Check	Replace	
<input type="checkbox"/>	<input type="checkbox"/>	CHANGE OIL & FILTER	<input type="checkbox"/>	<input type="checkbox"/>	MAKE VISUAL CHECK/UNIT
<input type="checkbox"/>	<input type="checkbox"/>	INSPECT AIR FILTER	<input type="checkbox"/>	<input type="checkbox"/>	RPMS
<input type="checkbox"/>	<input type="checkbox"/>	CHECK & ADJUST BELTS	<input type="checkbox"/>	<input type="checkbox"/>	FUEL SOLENOIDS
<input type="checkbox"/>	<input type="checkbox"/>	COOLANT LEVELS	<input type="checkbox"/>	<input type="checkbox"/>	WATER HOSES/CLAMPS
<input type="checkbox"/>	<input type="checkbox"/>	FREON SIGHT GLASS	<input type="checkbox"/>	<input type="checkbox"/>	ALL MOUNTING BOLTS
<input type="checkbox"/>	<input type="checkbox"/>	COMPRESSOR SIGHT GLASS FOR OIL	<input type="checkbox"/>	<input type="checkbox"/>	ALL DRAIN PLUGS
<input type="checkbox"/>	<input type="checkbox"/>	AIR SWITCH WITH GAUGE	<input type="checkbox"/>	<input type="checkbox"/>	STEAM CLEAN CONDENSER
<input type="checkbox"/>	<input type="checkbox"/>	BLOWOUT AIR SWITCH LINE	<input type="checkbox"/>	<input type="checkbox"/>	BATTERY CABLES & HOLD DOWN

COMMENTS:

SIGNATURE: _____ DATE: _____