



REPORT ON COMPRESSION EQUIPMENT CONTROL

Rev. 01
17/03/2008

EQUIPMENT SERIAL NUMBER : _____

CUSTOMER : _____

STATION ADDRESS : _____

CONTROL TABLE

	Measured values	Standard values
N° HOURS OF WORK AT PREVIOUS TEST		
ACTUAL N° HOURS OF WORK		
CURRENT ABSORPTION [A]		
VOLTAGE ABSORPTION [V]		
GAS DISTRIBUTED [m ³] or [kg]		
OIL CONSUMED [l]		
1° STAGE PRESSURE [barg]		
2° STAGE PRESSURE [barg]		
3° STAGE PRESSURE [barg]		
WATER PRESSURE [barg]		
PRESSURE OUT BOOSTER [barg]		
OIL PRESSURE ON THE PUMP [barg]		
OIL PRESSURE ON CARTER [barg]		
COOLING WATER INLET TEMPERATURE [°C]		
COOLING WATER OUTLET TEMPERATURE [°C]		
1° STAGE TEMPERATURE [°C]		
2° STAGE TEMPERATURE [°C]		
3° STAGE TEMPERATURE [°C]		
OIL TEMPERATURE [°C]		

CHECK LIST

CHECKING	OK	CHANGING
CNG, AIR AND OIL FILTERS CONDITIONS See filter manuals	<input type="checkbox"/>	<input type="checkbox"/>
OIL CIRCUIT CONDITIONS See technical manual paragraphs 5, 8 and 9	<input type="checkbox"/>	<input type="checkbox"/>
WATER CIRCUIT CONDITIONS See technical manual paragraph 9	<input type="checkbox"/>	<input type="checkbox"/>
CNG CIRCUIT CONDITIONS See technical manual paragraph 9	<input type="checkbox"/>	<input type="checkbox"/>
ELASTIC JOINT CONDITIONS See technical manual paragraphs 5	<input type="checkbox"/>	<input type="checkbox"/>
GAS FLEXIBLE PIPES CONDITIONS See technical manual paragraphs 5	<input type="checkbox"/>	<input type="checkbox"/>

NOTE:

Date : ____/____/____

Executor signature: _____