## Reciprocating Compressor Maintenance Checklist

**Date of Inspection:** __________ / __________ / __________

**Customer Name:** ____________________________

**Customer Address:** ____________________________

**Compressor Type:** Reciprocating

**Model Number:** ____________________________  (HP): ________

**Serial Number:** ____________________________

**Mfg Date:** __________  **Next Maint. Date:** __________

**Work Order Number:** ____________________________

### General Inspections - (Check and Record, if Applicable)

1. Inlet Filter Located Inside or Outside
2. Housing Condition
3. Inlet Filter Condition  
   Last Changed: (Date) / __________ / __________
   (Hours)
4. Package Discharge Pressure (PSIG / Bar)
5. Full Load Pump Discharge Air Temp (°F/°C)
6. Ambient Temperature (°F/°C)  
   Room: ________  Intake: ________
7. Oil Level
8. Grease Motors
   (Type of Grease)
9. Oil Leaks (Class 1, 2, 3)
10. Excessive Vibration, is unit tight?
    Properly Installed
11. Belts Tight - Condition
12. Unit Safety Valves
   PSI  Flow
13. Unit Properly Regulated
14. Condition of Regulator Filter
15. Coolant Type
16. Coolant Changed
17. Inner-Cooler/After-Cooler Cleaned
18. Check Online/Offline Pressure
19. Check Line Filters
20. Check Air Leaks
21. Blow Out Dryer and Check
22. Belt Guard Secure
23. Check Pressure Switch
24. Check Condensate Drains
25. Check Oil/Water Separator
26. Clean Unit

### Electrical Inspection - (Check and Record the Following)

27. Voltage
28. Amperage
29. Voltage Drop
30. Total Package Amps (Full Load)
31. Inspect Contactors
32. View Electrical Connections
33. Duty Cycle Test

### Parts Used:

<table>
<thead>
<tr>
<th>Part #</th>
<th>Description</th>
<th>Quantity</th>
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### Notes:

______________________________________________________________________

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Y  N  Does customer have adequate spare parts? (If No, enter recommendation below)

Y  N  Is there any additional maintenance needed?

Y  N  If Yes, is it urgent?

Recommendations:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

**Inspected by:** ____________________________  **Date:** __________

**Approved by:** ____________________________  **Date:** __________