



Compressor Warranty

Please email this form to service@krowne.com or fax to (973) 872-1129

Company Name: _____ Phone: _____

Technician Name: _____ Email: _____

Model #: _____ Comp Model #: _____

Cabinet Serial #: _____ Comp. Serial #: _____

Is condenser blocked? YES (Send photo if YES) NO If YES, what percentage is blocked? _____ % blocked

Locked Rotator

Actual Amp draw: _____

Static Voltage (voltage to unit without compressor running): _____

Start Up Voltage (voltage at compressor when it's trying to start): _____

Was compressor tested without original components? _____

If yes, please explain: _____

Bad Valves

High/Low Pressures (with compressor running) _____

Voltage (while compressor is running) _____

Amperage _____

Shorted/Grounded-Open Winding

Static voltage: _____

Startup voltage of new compressor: _____

What testing was done to determine this? _____

Bad Bearing - Noisy/Internal Mechanical

Voltage while compressor is running: _____

Amperage while compressor is running: _____

What testing was done to determine this? _____

Miscellaneous - Please explain and supply all testing data done to determine this failure

****THIS SECTION IS FOR OFFICE USE ONLY. DO NOT FILL OUT.****

Customer Name: _____ PO: _____

Customer ID: _____ Invoice: _____

Contact: _____ Order Ship Date: _____

Phone: _____ Replacement Ship Date: _____

Tracking #: _____