

The Compactor Guy / Preventative Maintenance Inspection / Repair Report

Date:



Customer Name		Machine Type	
Address 01		Location	
Address 02		Manufacturer	
City		Serial Number	
Province		Date of Manufacture	
Postal Code		Has unit been rebuilt?	
Telephone #		Approximate Age	
Fax Number		Additional Equipment	
Billing Contact		Pre-Crusher	
Site Contact		Tipper	
Payment Method		Enclosure	
Purchase Order #		Feed Type	

Based on Today's Inspection We Estimate the Life Expectancy of this machine to be ____ Years

The Following Work Has Been Performed On This Machine:

- **Inspection of Electrical Control Panel:**
- **Wire condition**, tight connections, relays and switches for good contact and proper operation.
- **Safety and Limit Switches:** Inspect and adjust
- **Operation:** Warning lights, pressure gauge, key switches and emergency stop.
- **Structure:** Physical appearance, wear points, ground anchors, wiper blade and follower plate.
- **Lubrication and Inspection:** Door hinges, door handles, paddle latches, turnbuckles, access gates, motor, motor coupling, ram track and guides.
- **Hydraulic System Check:** Condition of hoses and fittings, oil level and condition, cylinder shaft wear and leakage. Operating pressure check.
- **Safety Standards:** OSHA and ANSI standards, infractions will be noted and remedies quoted on request.
- **Container:** Physical condition checking all rollers, door hinges, seals (if possible) and latching mechanisms
- **Life Expectancy:** Date of Manufacture, Charge Chamber wear, and estimated life expectancy of the unit under current operating conditions.

The Following Items Require Action. / See Description Below:

- 1)
- 2)
- 3)
- 4)
- 5)

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Visual Inspection

Item Conditions: 1 – Excellent 2 - Good 3 – Fair 4 – Needs Attention 5 = Poor / Action Required					
Site Conditions. Comments---	1	2	3	4	5
Housekeeping Near Equipment. Comments---	1	2	3	4	5
Machine Appearance, Comments---	1	2	3	4	5
Container Appearance, Comments---	1	2	3	4	5
Asphalt / Concrete Condition, Comments---	1	2	3	4	5
Other, Comments---	1	2	3	4	5

Mechanical Inspection

Item Conditions: 1- Excellent 2 - Good 3 – Fair 4 – Needs Attention 5 = Poor / Action Required					
Mechanical, Structural, Welds, Comments---	1	2	3	4	5
Container Clamps, Comments---	1	2	3	4	5
Charging Chamber Guides, Comments---	1	2	3	4	5
Charging Chamber Floor, Comments---	1	2	3	4	5
Charging Chamber Sides, Comments---	1	2	3	4	5
Hinges, Access Doors, Counter Balanced lid, Comments---	1	2	3	4	5
Hydraulic Cylinder Mounts & Pins, Comments---	1	2	3	4	5
Motor Drive Coupling, Comments---	1	2	3	4	5
Power Pak Access Cover, Condition, Comments---	1	2	3	4	5
Compactor, Baler Anchor System, Comments---	1	2	3	4	5
Other 01, Comments---	1	2	3	4	5

Electrical Inspection

Item Conditions: 1- Excellent 2 - Good 3 – Fair 4 – Needs Attention 5 = Poor / Action Required					
Motor H.P.: ____ Volts ____ Phase: ____ FLA.: ____					
Solenoid Valve Make: _____ Number: _____					
Motor Contactor / Overload, Comments---	1	2	3	4	5
Control Relays, Comments---	1	2	3	4	5
Circuit Board / Controller, Comments---	1	2	3	4	5
Control Panel Switches / Contacts, Comments---	1	2	3	4	5
Directional Limit Switches, Comments---	1	2	3	4	5
Interlocks, Safety System, Comments---	1	2	3	4	5
Wiring & Harness, Comments---	1	2	3	4	5
Other, Please Specify:	1	2	3	4	5

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Hydraulic System Inspection

Item Conditions: 1 – Excellent 2 - Good 3 – Fair 4 – Needs Attention 5 = Poor / Action Required

Pump Make: _____ Pump Size: _____

Cylinder(S): Bore: _____ Stroke: _____ Rod: _____

Manifold, Comments--- 1 2 3 4 5

Relief Valve, Comments--- 1 2 3 4 5

Pressure Sensing Device, Comments--- 1 2 3 4 5

Hose / Fittings at Power Pack, Comments--- 1 2 3 4 5

Cylinder Lines, Comments--- 1 2 3 4 5

Oil Condition, Comments--- 1 2 3 4 5

Oil Level, Comments--- 1 2 3 4 5

Oil Filter, Comments--- 1 2 3 4 5

Reservoir Capacity, Gallons / Approximate: _____

Oil & Filter Replacement Cost, Parts Only: _____

Other Hydraulic 01, Comments--- 1 2 3 4 5

Other Hydraulic 02, Comments--- 1 2 3 4 5

System Operation Check

Item Conditions: 1- Excellent 2 - Good 3 – Fair 4 – Needs Attention 5 = Poor / Action Required

Cylinder Extend / P.S.I. -----/ 1 2 3 4 5

Cylinder Extend / Amperage-----/ 1 2 3 4 5

Cylinder Retract / P.S.I.-----/ 1 2 3 4 5

Cylinder Retract / Amperage-----/ 1 2 3 4 5

Cylinder Relief Pressure / P.S.I.-----/ 1 2 3 4 5

Cylinder Relief Pressure/ Amperage-----/ 1 2 3 4 5

Cylinder Full Pressure / P.S.I.-----/ 1 2 3 4 5

Cylinder Full Pressure / Amperage-----/ 1 2 3 4 5

Run Description / Comments:

Technical Comments:

Inspection Completed By:
 Technician Name: _____ Date on Site _____ Time: _____

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On Site Customer Approval Form, Note Customer Must Sign This Form When Work Is Completed

Date: _____



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Address 01		Location	
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City		Serial Number	
Province		Date of Manufacture	
Postal Code		Has unit been rebuilt?	
Telephone #		Approximate Age	
Fax Number		Additional Equipment	
Billing Contact		Pre-Crusher	
Site Contact		Tipper	
Payment Method		Enclosure	
Purchase Order #		Feed Type	

Travel Time Hours / To and From	
Time On Site Hours	
Arrival Time At Site	
Departure From Site	
Part Repaired / Replaced	
Part Repaired / Replaced	
Part Repaired / Replaced	
Part Repaired / Replaced	
Full Inspection Report Completed?	
Additional Info	
Follow Up Work to Be Done?	
Additional Parts To Be Ordered?	

Customer on Site Approval Signature

I agree and accept that the above time on site and parts listed above as installed or repaired are true and accurate, To the best of my knowledge. I am satisfied with all the work performed today and that it meets with my expectations and requirements.

Date: _____

Time: _____

Customer Signature: _____

Please Print Name: _____ Title: _____