

**CERTIFICATION OF WORK  
SERVICE CALL**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: MD002

Date of Visit: 9-11-19

Contractor Personnel on Site:

- |                       |          |
|-----------------------|----------|
| 1. <u>EDDIE SMITH</u> | 4. _____ |
| 2. _____              | 5. _____ |
| 3. _____              | 6. _____ |

**Service Call Number**

CSS# 20763 WO# 10123

**Description of Repairs**

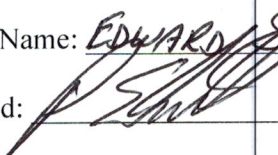
CHECK OVER & EVALUATE

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: EDWARD SMITH Date: 9-11-19

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

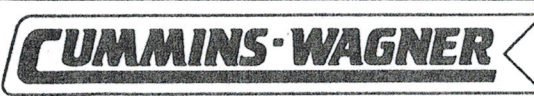
Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: Christopher Huebler

E-Mail: \_\_\_\_\_

# SERVICE REPORT TICKET

C.C.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                             |  |                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|------------------------------------------------------------------|--|
| CUSTOMER<br><b>Tidewater Inc</b><br><b>Co Tina Lee</b><br><b>C# 614-623-4569</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | JOB LOCATION<br><b>CSS</b><br><b>700 E. Ordinance Rd</b><br><b>Bolt. MD</b> |  | PERSON CALLING & DATE                                            |  |
| ATTN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | PERSON AT SITE<br><b>Chris Huebler</b>                                      |  | COMPANY                                                          |  |
| CUSTOMER ORDER NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | C - W JOB NUMBER                                                            |  | DATE(S) SERVICES                                                 |  |
| EQUIP. MANUFACTURER<br><b>GD 125#</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | MODEL NUMBER(S)<br><b>RNCTSA1</b><br><b>APEX5-15A</b>                       |  | SERVICEMAN<br><b>Eddie</b><br>SERIAL NUMBER(S)<br><b>D100921</b> |  |
| PROBLEM<br><b>Won't Run, Trips out on high heat</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                             |  |                                                                  |  |
| CAUSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                             |  |                                                                  |  |
| WORK PERFORMED<br><b>CHECKED OPERATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                             |  |                                                                  |  |
| PARTS SUPPLIED<br><b>N.P.O</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                             |  |                                                                  |  |
| RECOMMENDATIONS TO CUSTOMER<br><b>UNIT NEEDS SERIOUS P.M</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                             |  |                                                                  |  |
| SERVICES RENDERED PER OUR STANDARD TERMS AND CONDITIONS AVAILABLE UPON REQUEST.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                             |  |                                                                  |  |
| LABOR<br>DATE <b>9-11-19</b> START <b>12:00</b> STOP <b>14:00</b> LUNCH <b>1/2</b> HRS. REG. HRS. <b>1.5</b> OVT HRS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                             |  |                                                                  |  |
| DATE START STOP LUNCH HRS. REG. HRS. OVT HRS.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                             |  |                                                                  |  |
| JOB STATUS<br><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                             |  |                                                                  |  |
| FUTURE ACTION REQUIRED<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                             |  |                                                                  |  |
| <div>  <p>A 100% EMPLOYEE OWNED COMPANY</p> <p>10901 Pump House Road • Annapolis Jct., MD. 20701-1125 • Balt. (410) 792-4230 • Wash. (301) 490-9007</p> <p>3 Meeting Place • Elizabethtown, PA. 17022-2885 • (717) 367-8294</p> <p>10086 Leadbetter Place • Ashland, VA. 23005-3270 • (804) 550-3311</p> <p>www.cummins-wagner.com</p> </div> <div> <input type="checkbox"/> WAITING FOR PARTS ON ORDER<br/> <input type="checkbox"/> MORE SERVICE TIME<br/> <input type="checkbox"/> OTHER </div> <div> <input type="checkbox"/> ORDER PARTS<br/> <input type="checkbox"/> SALESMAN'S ASST. </div> |  |                                                                             |  |                                                                  |  |
| CUSTOMER SIGNATURE<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                             |  | PAGE ____ OF ____ PAGES                                          |  |
| ACCOUNTING COPY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                             |  |                                                                  |  |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| ORIG. JOB NO.                                                                                                     |
| DATE INVOICED                                                                                                     |
| SPECIAL INST. TO SERVICEMAN                                                                                       |
| $1.5 \times 132. = 198.00$<br>$42 \times 1.15 = 48.30$<br>$\$ 246.30$<br>$\times 0.3(C.C.) = 7.39$<br>$\$ 253.69$ |
| MATERIAL RETURNED TO WAREHOUSE                                                                                    |
| ARG. NO.                                                                                                          |
| REC. RPT. NO.                                                                                                     |
| DATE                                                                                                              |
| <input type="checkbox"/> NEW <input type="checkbox"/> DEFECTIVE                                                   |
| SERVICEMAN'S COMMENTS TO                                                                                          |
| <input type="checkbox"/> SERVICE MGR. <input type="checkbox"/> SAL                                                |
| <b>21 MOW</b>                                                                                                     |
| <b>* Unit shuts off on High Temp After Short Run.</b>                                                             |
| <b>* Found no oil showing in sight glass</b>                                                                      |



1800 Gardner Expressway  
Quincy, IL 62305

## Compressed air dryer · Secador de aire comprimido · Sécheur à air comprimé

Model Modelo Modèle

RNC75A1

Serial Number Número de serie Numéro de série

1000002768262

Rated Capacity · Capacidad normal · Capacité nominale

75 SCFM @ 100 PSIG & 100°F  
128 m³/h @ 6.9 BAR & 38°C

Maximum working pressure 232PSIG  
Presión máxima en la trabajo 16 BAR  
Pression de service maximale

Maximum inlet temperature 120°F  
Temperatura máxima de la entrada 49°C  
Température d'entrée maximale

### Unit · Unidad · Unité

VAC / phase / Hz 115-1-60  
VCA / fase / Hz  
VCA / phase / Hz

Minimum circuit ampacity 9.3  
Consumo mínimo de energía  
Intensité minimale du circuit

Maximum overcurrent  
(fuse / circuit breaker) size \* 15  
Capacidad máxima del  
cortacircuito / fusible  
Calibre maximale des  
fusibles et disjoncteurs

Total input current  
Total de corriente de entrada  
Total courant d'entrée 7.6



Intertek  
3160742

Conforms to ANSI/UL STD.1995  
Certified to CAN/CSA STD C22.2  
No. 236-05

Refrigeration type & charge R-134a  
Refrigerante y cargo de refrigerante 11.0 OZ  
Type et charge de réfrigérant 0.31 KG

Factory Test (design) pressure  
Presión de prueba (diseño)  
de fábrica lado alto/lado bajo 186/86PSIG  
Pression (d'origine) vérifiée en 13/6 BAR  
usine niveau haut/niveau bas

### Compressor · Compresor · Compresseur

Rated load amperes (R.L.A.) 7.1  
Carga máxima (amperios)  
Charge maximale (ampères)

Locked rotor amperes (L.R.A.) 40.0  
Amperaje con el rotor bloqueado  
Ampères avec le rotor bloqué

### Condenser fan motor · Motor del ventilador · Moteur du ventilateur

Volts / phase / Watts  
Voltios / fase / Watts 115-1-34  
Volts / phase / Watts

Number  
Número  
Numéro 1

Newport, NC

\* Type HACR circuit breaker per NEC

Instru  
Warni  
Refer t  
Start-u  
depress  
Operati  
being d  
Mainte  
Condens  
Separato  
pressure  
filter ele

Instrucc  
Precauci  
Refiérase  
Arranque  
Presione  
Puntos de  
está en la  
Mantenim  
Condensad  
suciedad a  
Separador  
Reemplace  
Disponible  
recomendat

Instructions  
Avertisseme  
ou réparation  
Se reporter a  
Mise en mar  
avec le numér  
de mise sous  
Points de con  
température es  
Entretien  
Condenseur -  
Séparateur - Le  
Remplacer l'élé  
excessive. Les  
mécanisme de

Icon Identifica

Air Inlet/Entrada

Air outlet/Salida

Power In/Conexi

Drain connection

Power-on light/Lu

Temperature Indica



# WARNING



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**CUMMINS-WAGNER**

A 100% Employee Owned Company

**24 HOUR SERVICE**

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MECHANICAL SEALS - HEAT EXCHANGERS

**Ap**

*Peak Per*

**Ap**  
TOTA

