



TEST INSTALLATION/ADJUSTMENT/REMOVAL RECORD

Plant Manufacturer: _____

Plant Model #: _____

Compressor Manufacturer: _____ Model: _____

Installation: Date: _____ Time: _____ AM/PM Location: _____

The unit is functioning satisfactorily

The unit is not functioning satisfactorily; Adjustment Scheduled for _____

Customer Representative's Signature

Gulf Coast Testing Staff's Signature

Adjustment: Date: _____ Time: _____ AM/PM

Reason for Adjustment: _____

Customer Representative's Signature

Gulf Coast Testing Staff's Signature

Removal: Date: _____ Time: _____ AM/PM

Customer Representative's Signature

Gulf Coast Testing Staff's Signature