

TPU Oil Replacement & Warranty Validating Report Form

Please, fill in one form per Unit.

Please, Indicate Which Oil Replacement Performed!

OR4W* Form: ___ / ___ / ___ / OR12W* Form: ___ / ___ / ___ / OR52W* Form: ___ / ___ / ___ /

Date: ___ / ___ / ___ /

TPU Serial Number:

Unit Details:

Unit Type / TP: ___ PLE: ___ KW: ___ Truck Unit: ___ Model: _____ Refrigerant: R _____ / Electrical: _____ Volts / _____ Phase(s) / _____
Date Purchased: ___ / ___ / ___ / Date Installed: ___ / ___ / ___ / Date Started: ___ / ___ / ___ /

Unit(s) Owner:

Company: Full Name:
Address : City : Zip Code :
Tel: Ext: Fax: Cell:
Website : Email :

Unit Location:

Address: City: Zip Code:
Province: Country: Unit Operating Room Temperature: °F Or °C.

Unit Start-Up Technician:

Company: Full Name:
Address: City:
Tel: Ext: Fax: Cell:
Website : Email :

* **OR4W: Oil Replacement 4 Weeks Form** / * **OR12W: Oil Replacement 12 Weeks Form** * **OR52W: Oil Replacement 52 Weeks Form**

Oil Replacement Must Occur as described below:

4 Weeks after initial Start-Up: OR4W Oil Replacement

12 Weeks after initial Start-Up : OR12 Oil Replacement

52 Weeks after initial Start-Up : OR52 Oil Replacement

Date Unit Manufactured : ___ / ___ / ___ /

Date Unit Shipped : : ___ / ___ / ___ /

Date Unit First Started : : ___ / ___ / ___ /

Date Unit Underwent Oil Replacement : : ___ / ___ / ___ /

Type Of Replacement Oil Used : _____
Quantity Used : _____ (Please Check Recommended Quantity In Manual & On Compressor.)

Unit Running Normal : ___ Yes / ___ No / If Not Describe :
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Very Important :

This Form When filled and faxed to :
450 264 3225

Is Your TPU Warranty Validation.
Failure inform The Manufacturer Will make of your Unit
Warranty Null & Void.

Thank You for Your Cooperation & let us know how we can assist you!

Please Fax This Report to:
Fax: 450 264 3225 / Tel: 1 866 359 0204
Attn.: M.Karim Aichouche,
Director Sales, Marketing & Customer Service.
info@crsinc2010.ca
Cell : 514 214 0763