



Date received by Marstair Limited:	
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# Warranty Information Form

Customer Claim Ref:	
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To: Marstair Armytage Road, Brighouse, West Yorkshire. HD6 1QF United Kingdom
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From: (To be completed by distributor) *
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Reason for claim* <small>(Mark relevant box with Y)</small>	Warranty:	Dead on Arrival:	Original Invoice No.:
Claim for:	Replacement:	Credit:	

End user's name: *
Site address: *

Installer's name*:
FGAS Registration No*.
Installer's address:

Email:

Phone No.:

Date of commissioning: *	
Date of failure: *	

Please confirm what is being returned:  
(Please tick the box and include the part no.)

Date Installed: *
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Unit	Part(s)
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Condensing Unit Serial No.: *
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Model No.: *
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Evaporator Unit Serial No.: *
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Mode of failure (give as much detail as possible): *
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If photos are available please tick here and attach

## Technical Information

Check and record	Value	Time Held For
Leak (tightness) test pressure	(bar)	(min)
Strength (pressure) test pressure	(bar)	(min)
Evacuation level	(microns)	(min)

	Value
Low pressure (gauge)	(barg)
Suction line temperature	(°C)
Evaporator superheat	(K)
Evaporator air ON / OFF	(°C) (°C)
High pressure (gauge)	(barg)
Liquid line temperature	(°C)
Condenser sub cooling	(K)
Condenser air ON / OFF	(°C) (°C)
Compressor current	(A)
Head pressure control set	Y N
Refrigerant type	
Charged weight	(Kg)
Additional POE oil added	(g)
Pipe run length & Lift	(m)
Suction pipe size	(")
Liquid / Expansion pipe size	(")

Fields marked \* are mandatory

Customer's Signature:		Print Customer's Name:		Date:
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