



# AERATION INDUSTRIES INTERNATIONAL, INC

Date: \_\_\_\_\_

## FIELD SERVICE REQUEST FORM

### CONTACT INFORMATION:

Customer:		Contact:			
Address:			Title:		
City		State:		Zip:	
Phone:		Fax:		Email:	

### EQUIPMENT INFORMATION:

Site Name:		* Sales Order #:	
Equipment Type:	Triton - Mixer - Aerator - Aqua - Turbo	Customer P.O. #:	
No. of Aerators:		* Date of Shipment:	
Date of Install:		Date of Start Up:	
* Assembled by:			

Note: Fields with \* are to be filled in by Aeration Industries International, Inc. after report is submitted.

### DESCRIPTION OF INSTALLATION:

Treatment Process:	EQ Basin - Activated Sludge - Aerated Lagoon - Other: _____		
Type of Waste:	Municipal - Industrial (Type of Industry: _____) - Combined: _____ % Muni. _____ % Ind.		
Basin Design:	Aerated Lagoon - Oxidation Oval - SBR - Other: _____		
Aerator Mounting Configuration:	Float - Wall - Bridge - Other: _____		
Other aeration equipment in operation:			
_____			
Other Info (Operating cycle - Pretreatment - Maintenance cycle - Basin Layout Drawing - etc.):			
_____			
_____			

### MOTOR INFORMATION:

Aerator Serial No.:		Motor Serial No.:	
Horsepower:		Nameplate Voltage:	
Actual Voltage:		Actual Amp Draw:	
		FLA:	

### BLOWER INFORMATION (If Applicable):

Blower Serial No.:		Horsepower:		Nameplate Voltage:	
FLA:		Actual Voltage:		Actual Amp Draw:	

### DETAILED DESCRIPTION OF FAILURE:

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\_\_\_\_\_

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Submitted By: \_\_\_\_\_