AUXILIARY INSPECTION
GAS INJECTION SYSTEM/AJAX

CUSTOMER_____***UNIT NO.***_____ ***DATE***_____
ENGINE/COMPRESSOR MODEL_____ ***SERIAL NO.***_____
ENGINE/COMPRESSOR MAKE_____ ***SHOP ORDER#***_____

INJECTION PUMP : ☐ *CLEANED*
PLUNGER & BARREL ☐ *CLEANED*
☐ *REPLACED* *QTY.*_____ *DUE TO:* ☐ *EXCESSIVE WEAR* *QTY.*_____
☐ *PITTING* *QTY.*_____

QTY. P/B REPLACED _____

HOUSING & BASE PLATE CONDITION _____

QTY. CHECKED _____ *QTY. REPLACED* _____ *DUE TO* _____

ACTUATOR : *QTY.*_____ ☐ *CLEANED*

PLUNGER & BARREL ASSY. ☐ *CLEANED* ☐ *CLEANED*

QTY. REPLACED _____ *DUE TO:* ☐ *EXCESSIVE*

QTY. REPLACED _____ *DUE TO:* ☐ *PITTING*

*QTY. REUSED*_____

QTY. ASSEMBLED _____

VALVES BODY: *QTY.*

_____ *VALVES CHECKED*

_____ *GROUND & REUSED*

_____ *REPLACED DUE TO STEM WEAR*

_____ *REPLACED DUE TO EXCESSIVE SEATING SURFACE WEAR*

_____ *SEATS GROUND*

_____ *SEATS REPLACED DUE TO WEAR*

_____ *SEATS REPLACED DUE TO DAMAGED SEATING SURFACE*

_____ *VALVES AND SEATS LAPPED*

_____ *VALVES ASSEMBLED*

_____ *VALVES PRESSURE TESTED*

_____ *SHIPPED*

TECHNICIAN:_____
APPROVED:_____

AUXILIARY INSPECTION
THROTTLE VALVE/AIR START VALVE

CUSTOMER_____***UNIT NO.***_____
ENGINE/COMPRESSOR MODEL_____
ENGINE/COMPRESSOR MAKE_____

DATE_____
SERIAL NO._____
SHOP ORDER#_____

THROTTLE VALVE :

HOUSING BRG. BORES (IF ANY) : ☐ *GOOD* *SIZE :*_____
☐ *BAD* *DUE TO :*_____

COVER BRG. BORE : ☐ *GOOD* *SIZE :*_____

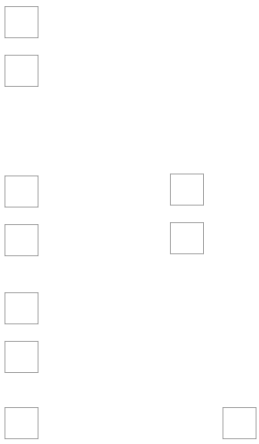
HOUSING BORES : ☐ *GOOD* *SIZE :*_____
*SPEC. :*_____

BARREL : ☐ *POLISHED* ☐ *REUSED* ☐ *REPLACED*
*DUE TO :*_____

NEW BRGS. : ☐ *INSTALLED*

NEW GASKETS : ☐ *INSTALLED*

ASSEMBLY :

☐ *ASSEMBLED*
☐ *PAINTED*
☐ *PRESERVED*

TECHNICIAN:_____
APPROVED:_____