



Maintenance Frequency and Log

Compressor Installed by: _____

Phone: _____

The purchaser has been informed of the process of maintenance and precautions of utilizing the equipment. Yes No

Signature: _____

Date: _____

Weekly:

Check oil levels **Will be completed on _____ of every week.**
(If oil pan is full, please dispose of oil in the proper place.)

Semi-Annually:

Clean and Dust off Compressor Unit _____ _____ _____ _____
Date Date Date Date

_____ _____ _____ _____ _____ _____
Date Date Date Date Date Date

_____ _____ _____ _____ _____ _____
Date Date Date Date Date Date

Annually:

Change Coalescing Filter (Must be purchased separately; Once a year or when indicator turns red)

_____ _____ _____ _____ _____ _____ _____
Date Date Date Date Date Date Date

Check air intake filter, and replace as needed. (Must be purchased separately)

_____ _____ _____ _____ _____ _____ _____
Date Date Date Date Date Date Date

Should any maintenance questions arise, call **JDS Technical Support at (888) 802-4JDS**