

# Service Manual

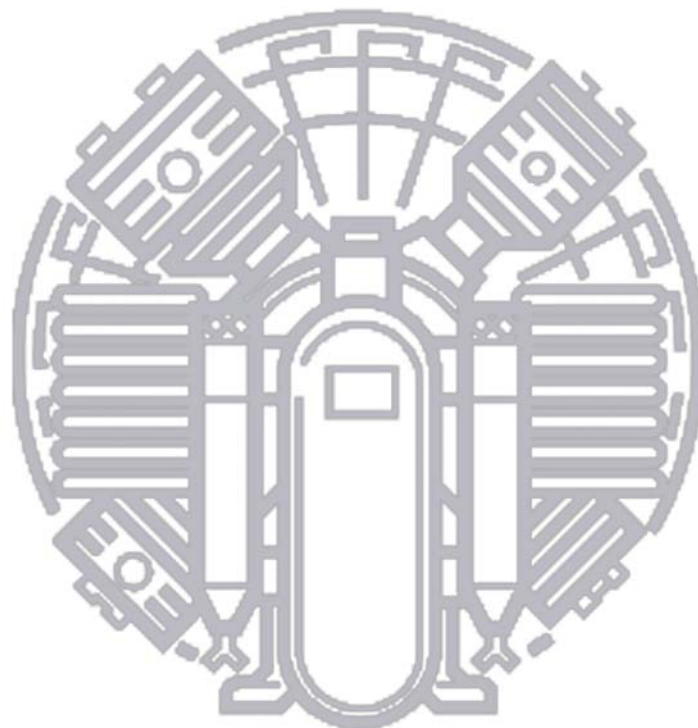
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## Maintenance

on

**BAUER**

**Breathing Air Compressor Units**



Model .....  
Serial no. ....  
Year of mfg. ....  
Date of commissioning .....  
Warranty period .....  
Phone no. service hotline .....

Stamp (Dealer) Date

Sticker dealer data

## Introduction form for the Operator

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By adding themselves to this list, the person that signs it confirms having been given a yearly introduction//instruction about the function and operation of the compressor unit.

Furthermore, they have be informed about the relevant safety rules and regulations (TRG, DGRL, BetrSichV, GSG, GSGV).

This form is to be kept safely with the other company documents (acceptance documentation, instruction manual) and is to be produced if requested by supervisory authorities (TÜV, GAA) .

Seq-no.	Surname	Name	Place	Date	Signature	Instructor's name/company
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

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**Table of Contents**

1.	Check oil level, top up .....	5
2.	Cartridge change .....	9
3.	Every 500 Operating hours/ annually / actual operating hours: ____ .....	13
4.	Every 1000 Operating hours/ every 2 years / actual operating hours: ____ .....	13
5.	Every 1500 Operating hours/ every 3 years / actual operating hours: ____ .....	13
6.	Every 2000 Operating hours/ every 4 years / actual operating hours: ____ .....	14
7.	Every 2500 Operating hours/ every 5 years / actual operating hours: ____ .....	14
8.	Every 3000 Operating hours/ every 6 years / actual operating hours: ____ .....	14
9.	Every 3500 Operating hours/ every 7 years / actual operating hours: ____ .....	15
10.	Every 4000 Operating hours/ every 8 years / actual operating hours: ____ .....	15
11.	Every 4500 Operating hours/ every 9 years / actual operating hours: ____ .....	15
12.	Every 5000 Operating hours/ every 10 years / actual operating hours: ____ .....	16
13.	Filling hoses .....	16
14.	Every 5 years (Pressure vessels) .....	17
15.	Every 10 years (Pressure vessels) .....	17
16.	Load cycles (Pressure vessels) .....	17
17.	Maintenance schedule breathing air compressor units .....	18
18.	Modifications .....	20
19.	Replaced Parts .....	21

















# Breathing Air Compressors

### 3. Every 500 Operating hours/ annually / actual operating hours: \_\_\_\_\_

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 16.		
Oil type change: _____		
Installation of maintenance kit .....-a		
Breathing air test		
Miscellaneous		

### 4. Every 1000 Operating hours/ every 2 years / actual operating hours: \_\_\_\_\_

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-ab		
Breathing air test		
Miscellaneous		

### 5. Every 1500 Operating hours/ every 3 years / actual operating hours: \_\_\_\_\_

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-a		
Breathing air test		
Miscellaneous		

**6. Every 2000 Operating hours/ every 4 years / actual operating hours: \_\_\_\_\_**

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-abc		
Breathing air test		
Miscellaneous		

**7. Every 2500 Operating hours/ every 5 years / actual operating hours: \_\_\_\_\_**

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-a		
Breathing air test		
Miscellaneous		

**8. Every 3000 Operating hours/ every 6 years / actual operating hours: \_\_\_\_\_**

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-ab		
Breathing air test		
Miscellaneous		

# Breathing Air Compressors

9. Every 3500 Operating hours/ every 7 years / actual operating hours: \_\_\_\_\_

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-a		
Breathing air test		
Miscellaneous		

10. Every 4000 Operating hours/ every 8 years / actual operating hours: \_\_\_\_\_

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-abc		
Breathing air test		
Miscellaneous		

11. Every 4500 Operating hours/ every 9 years / actual operating hours: \_\_\_\_\_

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-a		
Breathing air test		
Miscellaneous		

**12. Every 5000 Operating hours/ every 10 years / actual operating hours: \_\_\_\_\_**

Maintenance work	Done	Date, signature
Compressor maintenance acc. to schedule chapter 17.		
Oil type change: _____		
Installation of maintenance kit .....-ab		
Breathing air test		
Miscellaneous		

**13. Filling hoses**

Half-year	Maintenance work	Date, signature
1	Hose test according to TRG 402/8.2	
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20	Exchange of hoses every 10 years	



## 17. Maintenance schedule breathing air compressor units

<b>Service and inspection acc. to calender:</b>
<b>Service and inspection acc. to operating hours:</b>
Change filter cartridge
Change gaskets, o-rings included in maintenance kit
additional gaskets, o-rings (not included in maintenance kit)
Change intake and pressure valves at the latest
Change intake filter cartridge
Change piston liner
Change sintered metal filters
Change v-belt(s)
Check automatic condensate drain adjustment, pressure loss
Check cylinders, piston rings, change if required
Check function of automatic condensate drain
Check function of monitoring devices (if fitted)
Check intake and pressure valves
Check intermediate pressures and oil pressure
Check oil level, oil change, oil filter change
Check pistons
Check piston liner
Check pressure switch, pressure maintaining valve
Check pressure vessels, record no. of load cycles
Check temperature sensors, replace if required (if fitted)
Check tightness of safety valves
Check v-belt(s) and fanwheel
Clean separator, empty condensate collecting tank
Functional test, final inspection, test run
Leak test
Make test report, apply test stickers
Service automatic condensate drain, check function, replace worn or defective parts
Visual check of coolers

The service interval starts from the beginning after the last maintenance work in this list.

# Breathing Air Compressors

1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years
500	1.000	1.500	2.000	2.500	3.000	3.500	4.000
							as required
X	X	X	X	X	X	X	X
							as required
	X		X		X		X
X	X	X	X	X	X	X	X
			X				X
X	X	X	X	X	X	X	X
							X
X	X	X	X	X	X	X	X
							as required
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X		X		X		X	
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
			X				X
			X				X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
			X				X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X
	X		X		X		X
X	X	X	X	X	X	X	X

The service interval starts from the beginning after the last maintenance work in this list.









# EMERGENCY AND ALARM PLAN

## What to do in an emergency **Keep calm!**

### What has happened?

- Leak      ■ Fire      ■ Explosion      ■ other incident

### What to report

- |                             |         |
|-----------------------------|---------|
| ■ WHERE did it happen?      | Place!  |
| ■ WHEN did it happen?       | Time!   |
| ■ HOW MANY injured?         | Number! |
| ■ WHO reported the trouble? | Name!   |

### In the case of irregularities, immediately inform!

- |  |      |       |
|--|------|-------|
| 1. ....  | Tel. | _____ |
| 2. ....  | Tel. | _____ |
| 3. ....  | Tel. | _____ |
| 4. ....  | Tel. | _____ |
| .....  | Tel. | _____ |
| 5. ....  | Tel. | _____ |
| 6. Security forces .....                         | Tel. | _____ |
| In case you cannot get hold of the management .. | Tel. | _____ |

### In an emergency, if necessary additionally inform:

- |                                   |      |       |
|-----------------------------------|------|-------|
| Neighbour                         | Tel. | _____ |
| Neighbour                         | Tel. | _____ |
| Neighbour                         | Tel. | _____ |
| Neighbour                         | Tel. | _____ |
|                                   | Tel. | _____ |
|                                   | Tel. | _____ |
| Responsible supervisory authority | Tel. | _____ |
| Authorization office              | Tel. | _____ |
| TÜV/GAA                           | Tel. | _____ |

- |   |            |
|---|------------|
| <b>FIRE BRIGADE</b>                     | <b>112</b> |
| <b>POLICE</b>                           | <b>110</b> |
| <b>SPECIALIST FOR ACCIDENT INJURIES</b> | _____      |
| <b>ACCIDENT HOSPITAL</b>                | _____      |
| <b>CLINIC FOR BURNS</b>                 | _____      |

**Assembly point in an emergency:** \_\_\_\_\_