

AIR CONDITIONING SYSTEM JOBSITE INFORMATION SHEET

◇ OWNER:

Name: _____
Street: _____
City: _____ Zip: _____
State/Province: _____ Phone: _____
Contact: _____

◇ DATE REQUESTED: _____

◇ REQUESTOR:

◇ SERVICING CONTRACTOR:

Name: _____
Street: _____
City: _____ Zip: _____
State/Province: _____ Phone: _____
Contact: _____

◇ DISTRIBUTOR:

Name: _____
Street: _____
City: _____ Zip: _____
State/Province: _____
Phone: _____
Contact: _____

◇ EQUIPMENT DATA:

OUTDOOR UNIT

Model #: _____ Serial #: _____ Date Installed: _____

EVAPORATOR

Model #: _____ Serial #: _____ Date Installed: _____

AIR HANDLER

Model #: _____ Serial #: _____ Date Installed: _____

FURNACE

Model #: _____ Serial #: _____ Date Installed: _____

◇ PROBLEM SUMMARY:

◇ CORRECTIVE ACTIONS TAKEN:

◇ ADDITIONAL INFORMATION:

◇ ACCESSORIES? (CHECK THOSE INSTALLED):

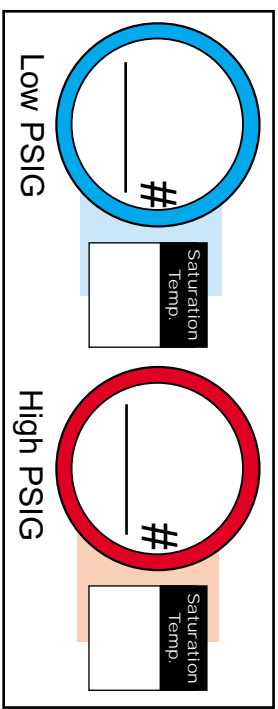
- | | | |
|---|---|--|
| <input type="checkbox"/> Low Ambient Kit | <input type="checkbox"/> Oil Separator | <input type="checkbox"/> Pump Down Kit |
| <input type="checkbox"/> Compressor Time Delay | <input type="checkbox"/> High Pressure Cutout | <input type="checkbox"/> Accumulator |
| <input type="checkbox"/> Mild Weather Kit | <input type="checkbox"/> Low Pressure Cutout | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Crankcase Heater | <input type="checkbox"/> Discharge Line Muffler | |
| <input type="checkbox"/> Hard Start Kit | <input type="checkbox"/> Hot Water Recovery | |
| <input type="checkbox"/> Filter-Drier | <input type="checkbox"/> Hot Gas Bypass | |
| <input type="checkbox"/> Compressor Sound Enclosure | | |



AIR CONDITIONING JOBSITE INFORMATION SHEET

REMEMBER:

1. Circle Metering device used.
2. Circle Yes or No at drier locations.
3. Circle Service Ports used.
4. Sat. Temp. is pressure converted to Temp.

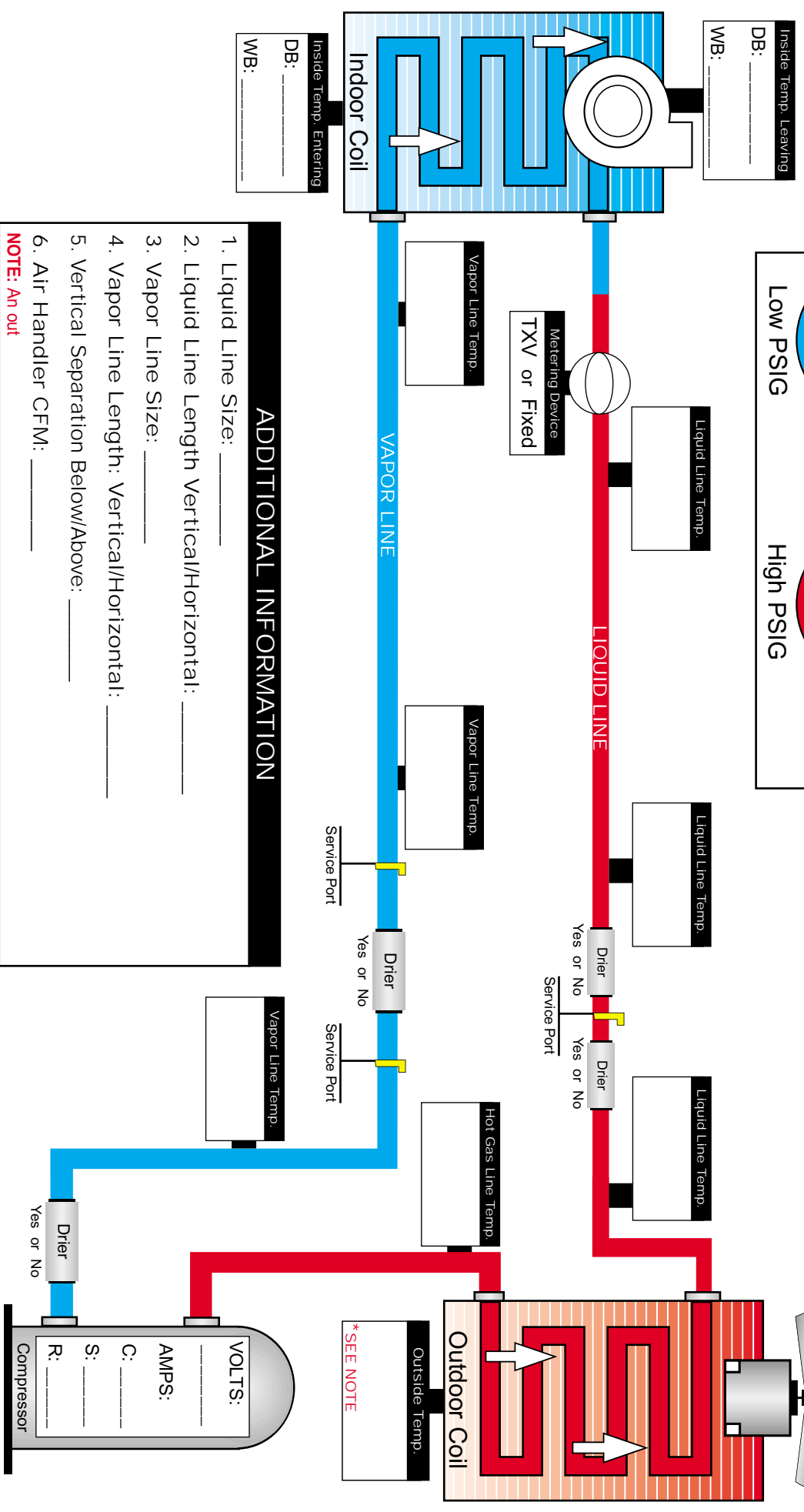


Formula For Super Heat

Vapor Line Temp. _____
 Minus
 Sat Temp. _____
 Equals
 Super Heat _____

Formula For Sub Cooling

Sat Temp. _____
 Minus Liquid Line Temp. _____
 Equals
 Sub Cooling _____



ADDITIONAL INFORMATION

1. Liquid Line Size: _____
 2. Liquid Line Length Vertical/Horizontal: _____
 3. Vapor Line Size: _____
 4. Vapor Line Length: Vertical/Horizontal: _____
 5. Vertical Separation Below/Above: _____
 6. Air Handler CFM: _____
- NOTE: An out**

*SEE NOTE

VOLTS: _____

AMPS: _____

C: _____

S: _____

R: _____

Compressor