

AIR CONDITIONING SYSTEM JOBSITE INFORMATION SHEET

OWNER:

Name:

Address:

City:

Zip:

State/Province:

Phone:

SERVICING CONTRACTOR:

Name:

Street:

City:

Zip:

State/Province:

Phone:

Contact:

DATE REQUIRED:**REQUESTOR:****DISTRIBUTOR:**

Name:

Street:

City:

Zip:

State/Province:

Phone:

Contact:

TYPE OF REFRIGERANT:**EQUIPMENT DATA:****OUTDOOR UNIT**

Model #:

Serial #:

Date Installed:

EVAPORATOR

Model #:

Serial #:

Date Installed:

AIR HANDLER

Model #:

Serial #:

Date Installed:

FURNACE

Model #:

Serial #:

Date Installed:

THERMOSTAT:

Model #:

Serial #:

Date Installed:

AIRFLOW ORIENTATION: UF:

LF:

RF:

DF:

PROBLEM SUMMARY:**CORRECTIVE ACTIONS TAKEN:****ADDITIONAL INFORMATION:****ACCESSORIES (CHECK THOSE INSTALLED):**

Low Ambient Kit

Compressor Time Delay

Mild Weather Kit

Crankcase Heater

Hard Start Kit

Filter-Drier

Compressor Sound Enclosure

Oil Separator

High Pressure Cutout

Low Pressure Cutout

Discharge Line Muffler

Hot Water Recovery

Hot Gas Bypass

Pump Down Kit

Accumulator

Other

AIR CONDITIONING JOBSITE INFORMATION SHEET

REMEMBER:

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

FORMULA FOR SUPER HEAT

Vapor Line Temp.

 Minus Sat Temp.

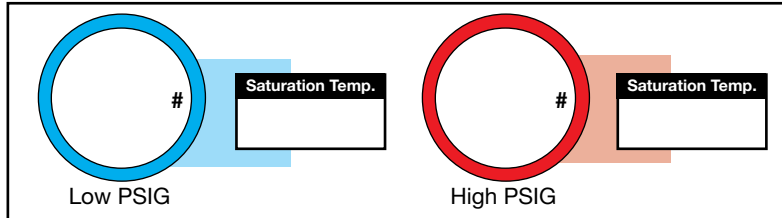
 Equals Super Heat

FORMULA FOR SUB COOLING

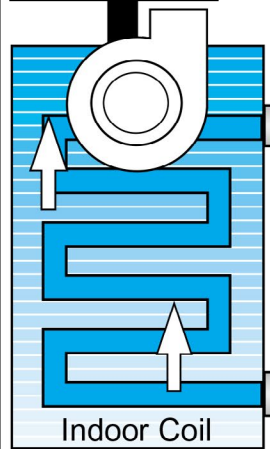
Sat Temp.

 Minus Liquid Line Temp.

 Equals Sub Cooling



Indoor Temp. Leaving
 DB:
 WB:



Indoor Temp. Entering
 DB:
 WB:

Drain Trap
 Yes No

STATIC PRESSURE READINGS

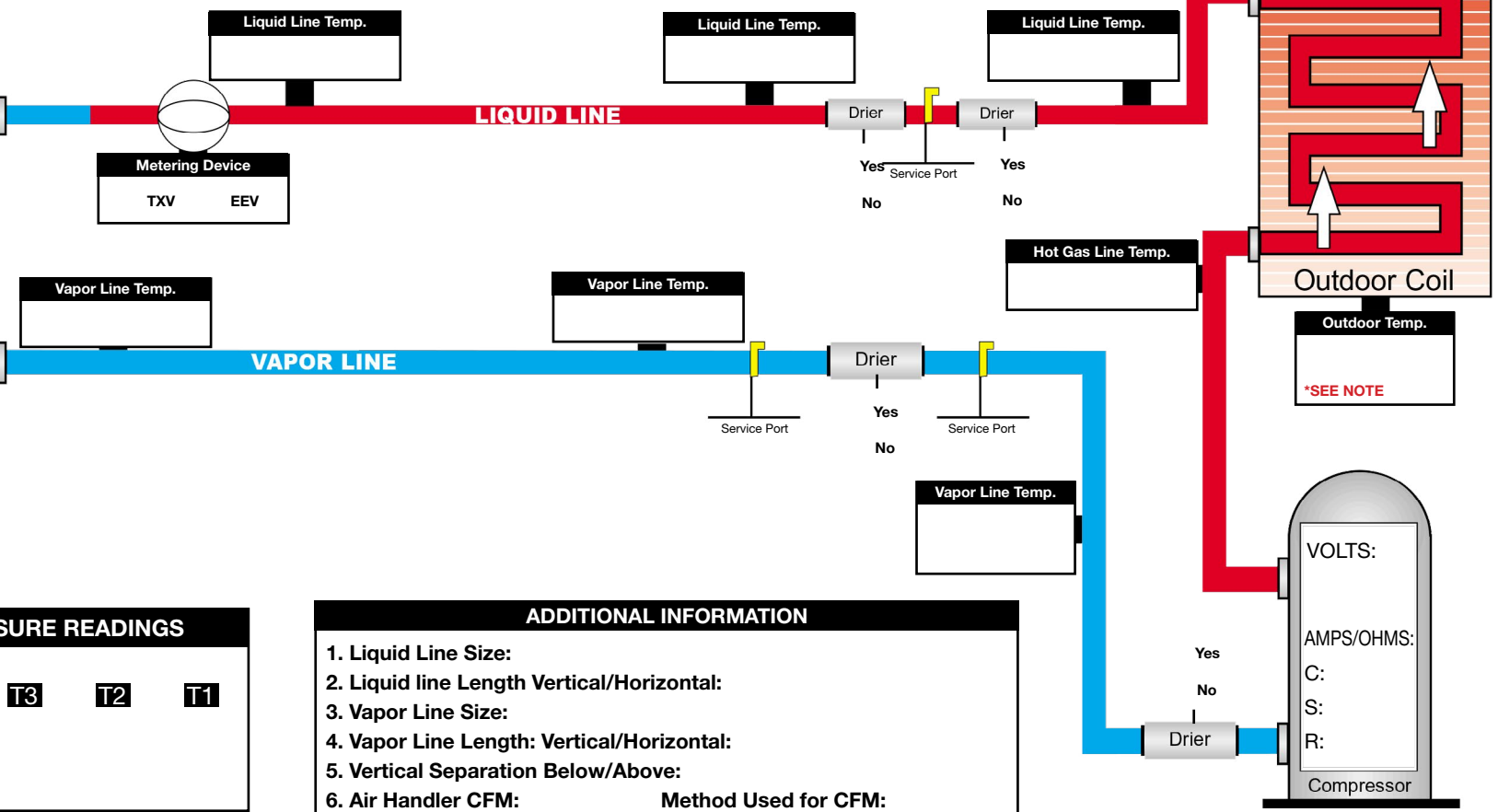
BLOWER TAPS IF RH2T

T5 T4 T3 T2 T1

SUPPLY ESP:
 RETURN ESP:
 TOTAL ESP:

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: Method Used for CFM:



Outdoor Temp.
 *SEE NOTE

VOLTS:
AMPS/OHMS:
 C:
 S:
 R:
 Compressor