



## Residential AC/HP Sound Evaluation Form

_____ Dealer Name		_____ Dealer #	_____ Date
_____ Technician's Name		_____ Job Name	
_____ ODU Model#	_____ ODU Serial#	_____ Indoor Coil Model#	_____ Indoor Coil Serial#
_____ Furn/AH Model#	_____ Furn/AH Serial#	_____ Installation Date	_____ Date Sound Started
Return Air WB	_____	Supply Air WB	_____
Return Air DB	_____	Supply Air DB	_____
Outside Air DB	_____	Indoor CFM	_____
Liquid Pressure	_____	Vapor Pressure	_____
Liquid Line Temp	_____	Vapor Line Temp	_____
Total Lineset Length	_____	Feet of Vertical Rise	_____
Compressor Above or Below Indoor Coil	_____	List additional accessories (i.e. crankcase heater)	_____
Indoor Metering Device	_____	Outdoor Metering Device	_____
Return Static Pressure	_____	Supply Static Pressure	_____
List condition of lineset is installation & how its fastened:	_____		

Describe End User's Complaint:

Describe Sound in Detail:

(i.e. Whoosh, growling, clunking)

**Sound is Present During (Check ALL that Apply) :**

Heating Run Mode	<input type="checkbox"/>	Defrost	<input type="checkbox"/>	Sound Increases as During Elongated Run Time	<input type="checkbox"/>
Cooling Run Mode	<input type="checkbox"/>	Defrost Termination	<input type="checkbox"/>	Sound Decreases During Elongated Run Time	<input type="checkbox"/>
Heating Start Up	<input type="checkbox"/>	Heating Shut Down	<input type="checkbox"/>	Sound is Heard Inside the Building	<input type="checkbox"/>
Cooling Start Up	<input type="checkbox"/>	Cooling Shut Down	<input type="checkbox"/>	Sound is Heard Outside the Building	<input type="checkbox"/>

List any warranty claims associated with this issue:

Describe what has been done so far to reduce sound issue?

Technician's recommendations:

\_\_\_\_\_  
Signed:

\_\_\_\_\_  
Date

***Please send this completed form to your local York Technical Service Manager***