

**Critical Readings - A/C & H/P Service Survey** Date:

The more information you give the more we can help you

Distributor:	Contact Name and Phone#:
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Dealer:	City & State:
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*O.D. Unit Type (A/C H/P) and Make:	Model#:		Serial#:
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*I.D. Unit Type (Furnace A/H) and Make:	Model#:		Serial#:
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*Indoor Coil Type and Make:	Model#:	*Metering Device Type:	Size or Part Number#:
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Symptoms:

\*Line Set Size and length #ft, rise or drop # ft / # of Elbows

* Suction Pressure	
* Suction Line Temp	
(T&P) Suction Saturation	
Suction Superheat	

*Outdoor Dry Bulb	
* ID Entering Dry Bulb	
*ID Leaving Dry Bulb	
ID Delta T Dry Bulb	

* Total External Static	
*Indoor CFM	
*Supply Static Pressure	
*Return Static Pressure	

* Liquid Pressure	
(T&P) Liquid Saturation	
* Liquid Line Temp	
Liquid Subcooling	

	Indoor	Enthalpy (THC)
*Entering WB		
*Leaving WB		
	Delta THC	

Capacity = Delta THC X 4.5 X cfm = Capacity

Discharge Pressure	
*Discharge Line Temp	
Discharge Saturation	
Discharge Superheat	

Compressor	Rated on Plate	Actual	*Blower Speed Tap
* Volts			
*Amps			

UPG Technical Services  
3110 N. Mead St  
Wichita, KS 67219

NOTE: Are absolutely required readings  
Attn: Residential Technical Support      Email: [cg-upgtechsupport@jci.co](mailto:cg-upgtechsupport@jci.co)