

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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* Suction Pressure	* Outdoor Dry Bulb	* Total External Static
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* Suction Line Temp	* ID Entering Dry Bulb	* Indoor CFM
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(T&P) Suction Saturation	* ID Leaving Dry Bulb	* Supply Static Pressure
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Suction Superheat	ID Delta T Dry Bulb	* Return Static Pressure
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* Liquid Pressure	Indoor	Enthalpy (THC)
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(T&P) Liquid Saturation	* Entering WB	
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* Liquid Line Temp	* Leaving WB	
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Liquid Subcooling	Delta THC	
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Capacity = Delta THC X 4.5 X cfm = Capacity

Discharge Pressure	Compressor	Rated on Plate	Actual	* Blower Speed Tap
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* Discharge Line Temp	* Volts			
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Discharge Saturation	* Amps			
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Discharge Superheat				
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Electric Heat (Complete all that apply)

Electric heat kit - Model number Serial number Rated KW

Number of elements <input type="text"/>	Measured Amperage	Heater 1 <input type="text"/>	Heater 2 <input type="text"/>	Heater 3 <input type="text"/>
		Heater 4 <input type="text"/>	Heater 5 <input type="text"/>	Heater 6 <input type="text"/>
	Measured Voltage	Heater 1 <input type="text"/>	Heater 2 <input type="text"/>	Heater 3 <input type="text"/>
		Heater 4 <input type="text"/>	Heater 5 <input type="text"/>	Heater 6 <input type="text"/>

Heating return air dry bulb temperature <input type="text"/>	Heating supply air dry bulb temperature <input type="text"/>	Air temperature rise <input type="text"/>
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