

AIR CONDITIONING SYSTEM JOBSITE INFORMATION SHEET

SERVICING CONTRACTOR:

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

DATE: _____
CALL TICKET NUMBER: _____

DISTRIBUTOR INFORMATION :

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

EQUIPMENT DATA:

OUTDOOR UNIT (MICRO-CHANNEL OR FIN/TUBE)

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

EVAPORATOR (MICRO-CHANNEL OR FIN/TUBE)

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

AIR HANDLER

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

FURNACE

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

TYPE OF THERMOSTAT: _____

PROBLEM SUMMARY:

DESCRIPTION OF TROUBLESHOOTING TO THIS POINT:

ACCESSORIES? (CHECK THOSE INSTALLED):

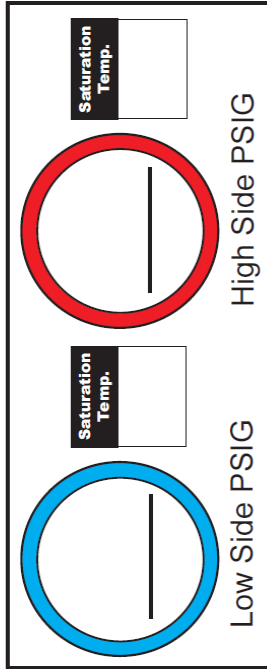
- | | |
|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Mild Weather Kit | <input type="checkbox"/> High Pressure Switch |
| <input type="checkbox"/> Crankcase Heater | <input type="checkbox"/> Low Pressure Switch |
| <input type="checkbox"/> Hot Gas Bypass | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Compressor Sound Blanket Yes No | |



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REMEMBER:

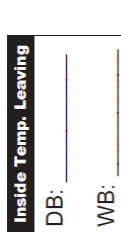
1. Circle Metering device used.
2. Circle Yes or No at drier locations.
3. Sat. Temp. is pressure converted to Temp.
4. Indicate Type of Coil



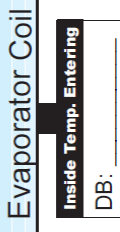
Formula For Super Heat
 Vapor Line Temp. _____
 Minus Sat Temp. _____
 Equals Super Heat _____

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

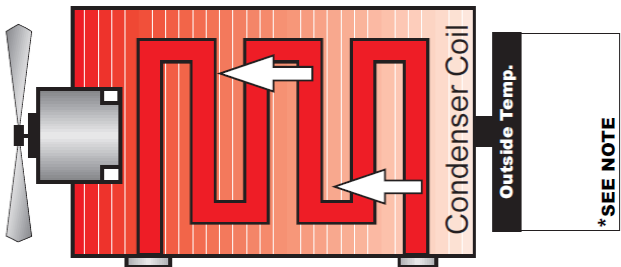
Inside Temp. Leaving
 DB: _____
 WB: _____



Inside Temp. Entering
 DB: _____
 WB: _____



Micro-Channel or Fin and Tube coil



Outside Temp. _____
 *SEE NOTE

Liquid Line Temp. _____ F
 Drier Yes or No

Liquid Line Temp. _____ F
 LIQUID LINE

Metering Device
 TXV or Fixed

Hot Gas Line Temp. _____ F

Vapor Line Temp. _____ F
 VAPOR LINE

Upflow - Downflow -Horizontal
 Micro-channel or Fin and Tube Coil

Vapor Line Temp. _____ F

VOLTS: _____
 AMPS: _____
 C: _____
 S: _____
 R: _____
 Compressor

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: _____ Method Used for CFM: _____
6. Air Handler CFM: _____
7. Blower Dipswitch Settings _____

NOTE: An outdoor ambient temperature above 70° F is recommended for completion of this sheet.