

AIR CONDITIONING SYSTEM JOBSITE INFORMATION SHEET

◇ **OWNER:**

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

◇ **DATE REQUESTED:** _____

◇ **REQUESTOR:**

◇ **DISTRIBUTOR:**

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

◇ **SERVICING CONTRACTOR:**

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

◇ **EQUIPMENT DATA:**

OUTDOOR UNIT

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

EVAPORATOR

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

AIR HANDLER

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

FURNACE

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

◇ **PROBLEM SUMMARY:**

◇ **CORRECTIVE ACTIONS TAKEN:**

◇ **ADDITIONAL INFORMATION:**

◇ **ACCESSORIES? (CHECK THOSE INSTALLED):**

Low Ambient Kit

Oil Separator

Pump Down Kit

Compressor Time Delay

High Pressure Cutout

Accumulator

Mild Weather Kit

Low Pressure Cutout

Other:

Crankcase Heater

Discharge Line Muffler

Hard Start Kit

Hot Water Recovery

Filter-Drier

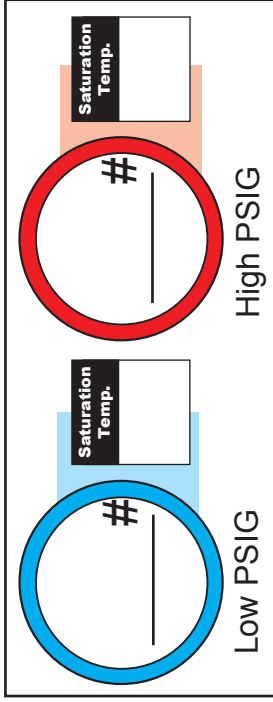
Hot Gas Bypass

Compressor Sound Enclosure

AIR CONDITIONING JOBSITE INFORMATION SHEET

REMEMBER:

1. Circle Metering device used.
2. Circle Yes or No at drier locations.
3. Circle 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. _____

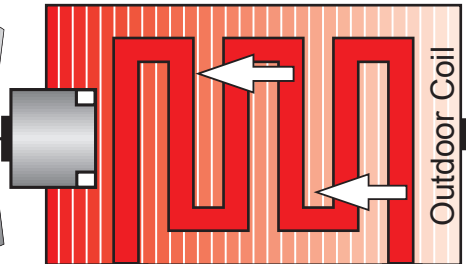
Minus Liquid Line Temp. _____

Equals Sub Cooling _____

Inside Temp. Leaving

DB: _____

WB: _____



Outdoor Temp. _____

*SEE NOTE

Liquid Line Temp. _____

Drier Yes or No _____

Service Port _____

Liquid Line Temp. _____

Drier Yes or No _____

Service Port _____

Hot Gas Line Temp. _____

Vapor Line Temp. _____

Drier Yes or No _____

Service Port _____

VOLTS: _____

AMPS: _____

C: _____

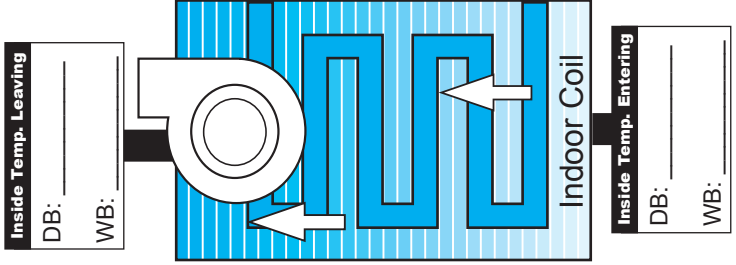
S: _____

R: _____

Compressor

Drier Yes or No _____

Vapor Line Temp. _____



Inside Temp. Entering

DB: _____

WB: _____

Liquid Line Temp. _____

Metering Device TXV or Fixed _____

Liquid Line Temp. _____

Vapor Line Temp. _____

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: _____ Method Used for completion of this sheet. NOTE: An outdoor ambient temperature above 80° F is recommended for completion of this sheet.