

AIR CONDITIONING SYSTEM JOBSITE INFORMATION SHEET

OWNER:

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

DATE REQUESTED: _____

REQUESTOR:

SERVICING CONTRACTOR:

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

DISTRIBUTOR:

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

Compressor Time Delay

Mild Weather Kit

Crankcase Heater

Hard Start Kit

Filter-Drier

Compressor Sound Enclosure

Oil Separator

High Pressure Cutout

Low Pressure Cutout

Discharge Line Muffler

Hot Water Recovery

Hot Gas Bypass

Pump Down Kit

Accumulator

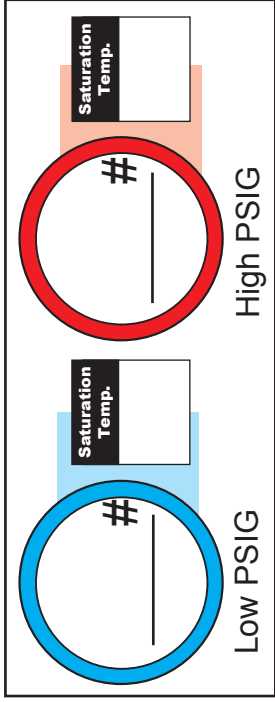
Other:



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. _____

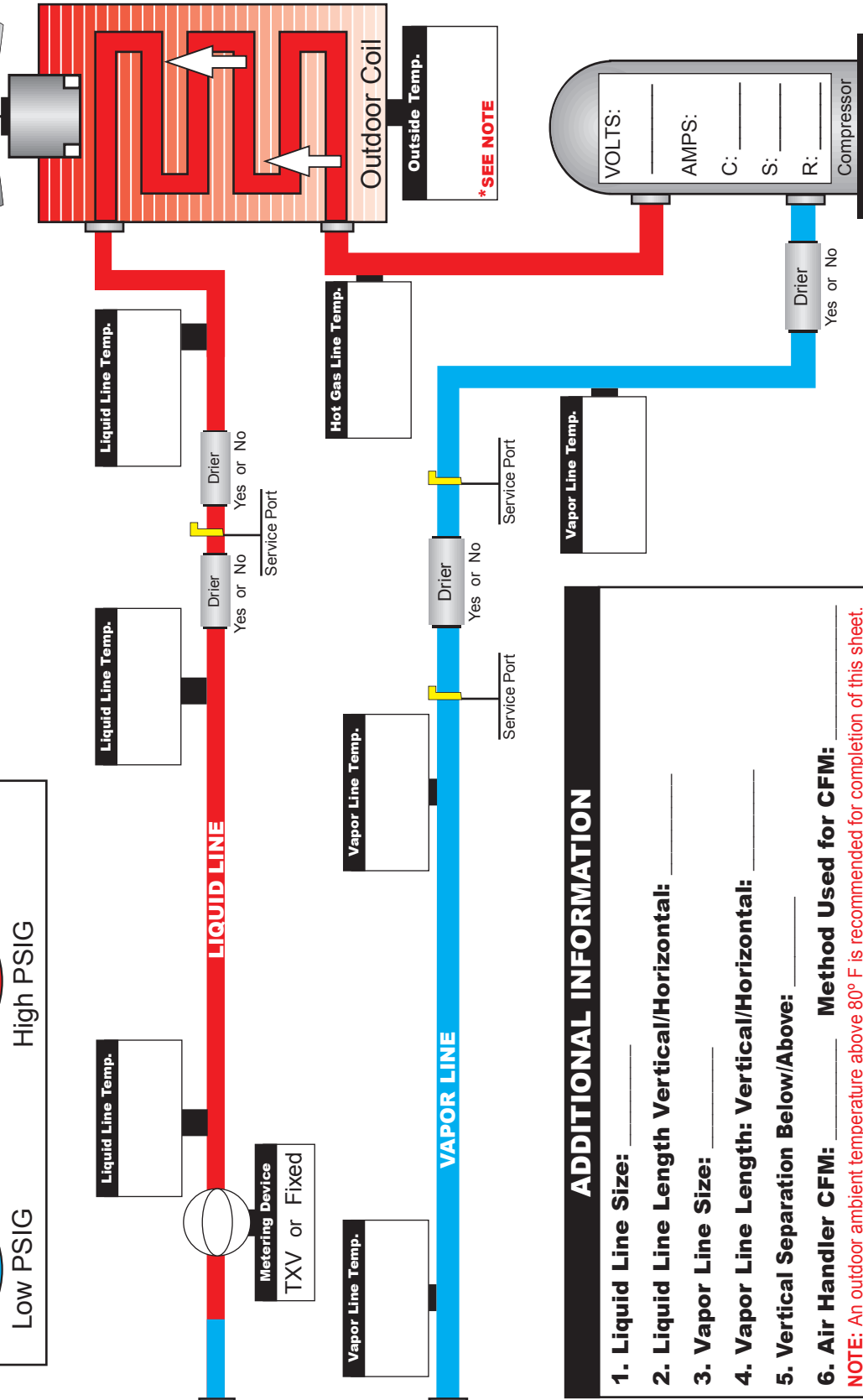
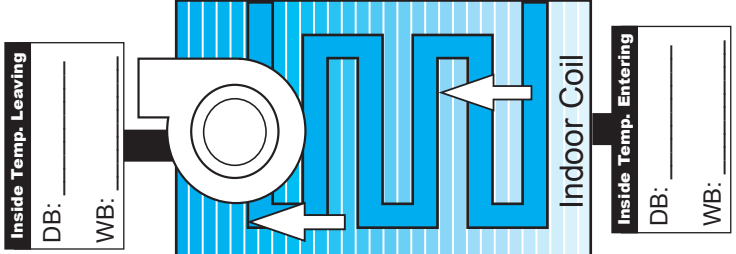
Equals Super Heat

Formula For Sub Cooling

Sat Temp. _____

Minus Liquid Line Temp. _____

Equals Sub Cooling



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: _____

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