

Field Quality Report Indoor Unit Heat Exchanger Leakage

Distributor : **THE MASTER GROUP INC.**

Ref. No. _____

Name _____ Date _____

Defect Sample No. _____

IU model name _____ Serial No. _____

Defect date (DD/MM/YY) _____ Installation date (DD/MM/YY) _____

Installation location Province _____ City _____

☐ House ☐ Shop ☐ Office ☐ Restaurant ☐ Other

Repaired ☐ By changing spare ☐ By welding ☐ By changing new indoor unit

Replacement part Part _____ Part No. _____

Defect sample ☐ Yes ☐ No Sample No. _____

Previous repair ☐ No ☐ Yes => Repair description _____

Previous maintenance ☐ No ☐ Yes => Maintenance description _____

Date (DD/MM/YY) _____

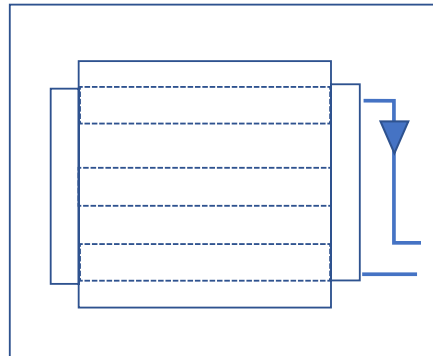
Defect details ☐ Initial defect ☐ Defect after usage (used for _____ years)

☐ No cooling/heating ☐ Refrigerant leakage

Place of leakage: ☐ Pipe welding ☐ Non-welding location (straight pipe)

☐ Leak location confirmed ☐ Leak location unknown

Put a mark “  “ on leak location



Installations Installed pipes: ☐ New pipes ☐ Used installed pipes

Drain outlet: ☐ Connecting to sewer piping ☐ Connecting to outside of house

Installed room: ☐ New house ☐ Renovated room ☐ Special room

Present in the room: Ammonia, sulfur, thinner, alcohol ☐ Yes ☐ No ☐ Don't know

Remarks (Master)