

Critical Readings - A/C & H/P Service Survey

Date: _____

Distributor: _____ **Contact Name and Phone#:** _____

Dealer: _____ **City & State:** _____

O.D. Unit Type (A/C H/P) and Make: _____ **Model#:** _____ **Serial#:** _____

I.D. Unit Type (Furnace A/H) and Make: _____ **Model#:** _____ **Serial#:** _____

Indoor Coil Type and Make: _____ **Model#:** _____ **Metering Device Type:** _____ **Size or Part Number#:** _____

Symptom or reasons for part/compressor replacement:

Line Set Size and length #ft, rise or drop # ft

| | |
|----------------------------|--|
| * Suction Pressure | |
| * Suction Line Temp | |
| (T&P) Suction Saturation | |
| Suction Superheat | |

| | |
|--------------------------|--|
| *Outdoor Dry Bulb | |
|--------------------------|--|

| | |
|-------------------------------|--|
| * ID Entering Dry Bulb | |
| *ID Leaving Dry Bulb | |
| ID Delta T Dry Bulb | |

| | |
|------------------------------------|--|
| *Indoor CFM | |
| Blower Speed Setting (Cool) | |
| Indoor Static Pressure | |

| | |
|---------------------------|--|
| * Liquid Pressure | |
| (T&P) Liquid Saturation | |
| * Liquid Line Temp | |
| Liquid Subcooling | |

| | Indoor | Enthalpy (THC) |
|---------------------|-----------|----------------|
| *Entering WB | | |
| *Leaving WB | | |
| | Delta THC | |

Capacity = Delta THC X 4.5 X cfm = Capacity

| | |
|-----------------------------|--|
| Discharge Pressure | |
| *Discharge Line Temp | |
| Discharge Saturation | |
| Discharge Superheat | |

| Compressor | Rated on Plate | Actual |
|----------------|----------------|--------|
| * Volts | | |
| *Amps | | |

Warranty can be denied if not values are left blank

NOTE: * Are absolutely required readings

Attn: Fax or deliver to local branch