

Dealer Name: _____ Date: _____
 Technician Name: _____ Technician Number: _____
 Job Name: _____ Job Address: _____

Check	Questions	Distributor Notes
General		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are there any error codes available? Have you looked them up in the service manual? --- IDU error code: <input type="text"/> ODU error code: <input type="text"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Are the IDU and ODU model numbers compatible? What type of thermostat is being utilized? --- Wireless: <input type="checkbox"/> 1:1 Wired: <input type="checkbox"/> 7 Day programmable: <input type="checkbox"/>	

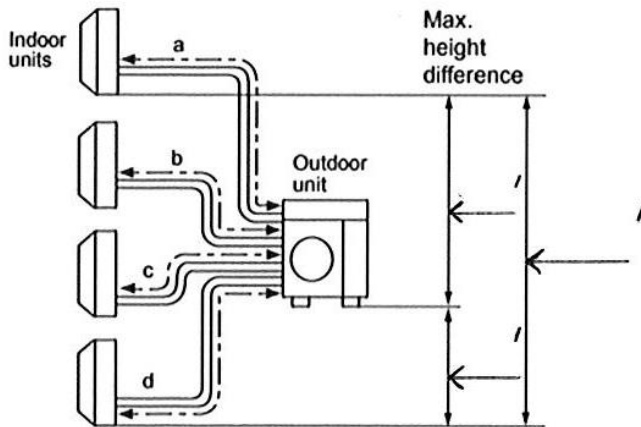
Line Length: see below using diagram

H= Horizontal Length V= Vertical Lift T= Total Line Set (H or V)

a. ____ H ____ V b. ____ H ____ V c. ____ H ____ V
 d. ____ H ____ V e. ____ H ____ V = TH ____ TV ____

TH+TV= ____ Max Line Set Length

Equipment Requirements: ____ Max Line Set Length ____ Min. Line Set Length
 Max. Line Set Elevation ____ "Measure to the closes foot".



Note: e. lineset not on drawing.

Line Set Sizes Info:

- a. Liquid / Suction ____" / ____" Location/Room _____
- b. Liquid / Suction ____" / ____" Location/Room _____
- c. Liquid / Suction ____" / ____" Location/Room _____
- d. Liquid / Suction ____" / ____" Location/Room _____
- e. Liquid / Suction ____" / ____" Location/Room _____

Please fill in highlighted areas that pertain to job. More information filled in the better the diagnostics. If certain items are checked (v) please provide the information.

SYSTEM:				
NO.	SYSTEM AND INSTALLATION STATUS			REMARKS
1	Installation Location	Outdoor Unit	<input type="checkbox"/> Rooftop <input type="checkbox"/> Other Location (_____)	
2	Maintenance Accessibility	Outdoor Unit Indoor Units	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Poor	
3	Furthest Piping Length		Outdoor to Indoor: _____ Ft.	
4	Height Difference (Multiple Only)		Outdoor to Indoor: _____ Ft. Indoor to Indoor: _____ Ft.	
5	Standard of Pipe-work		<input type="checkbox"/> Good <input type="checkbox"/> Poor	
6	Standard of Pipe Insulation		<input type="checkbox"/> Good <input type="checkbox"/> Poor	
7	Connection of Main Power Source	Outdoor Unit Indoor Unit(s) Electrical Wire	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Poor Type: _____ Size: _____	
8	Connection of Control System	Indoor-RC	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
9	Standard of Electrical Insulation		<input type="checkbox"/> Good <input type="checkbox"/> Poor	
10	Access to Remove Electrical Covers		<input type="checkbox"/> Good <input type="checkbox"/> Poor	
11	Control Method		<input type="checkbox"/> Wired <input type="checkbox"/> Wireless	
12	Remote Controller Operation	Ventilation Cool/ Heat Automatic	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Poor	
13	Connection of Options		<input type="checkbox"/> Good <input type="checkbox"/> Poor	

Wire should be at least 14/3 with ground. No BX or MC cable should be used.

Wiring:

- Yes No Was the correct wire size used between the IDU and ODU? AWG: _____
- Yes No Are there any breaks, splices, wire nuts or butt connectors from the ODU to IDU?
- Yes No Is there a disconnect at the IDU?
- Yes No Is the polarity correct L1 to L1, L2 to L2, and S to S? (1,2,3,4 on 115v series)
- What is your signal voltage between L2 and S?
- Yes No Are they breaking the signal wire with a float switch?

Multi Zone Wiring:

- Yes No Confirm ports are not crossed wired. OLM individual ports to indoor and outdoor to confirm ports 1-5 are not crossed or repull the wires (see attached)



“Meter red pin lead to “L2”, black lead to” S” for DC voltage below”. Unit must be running and voltage will alternately between -20v to +80vdc.

OUTDOOR UNIT:				
NO.	OUTDOOR UNIT OPERATION STATUS			REMARKS
14	Outdoor Unit Details	Model No:	Serial No:	
15	Compressor Details	Model No:	Serial No:	
		L1- G	L2-G	L1-L2
16	Power Source (Voltage)	<input type="text"/> V	<input type="text"/> V	<input type="text"/> V
17	Vibration / Noise	Compressor	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
		Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
18	Additional Refrigerant Charge (if applicable)			Oz.
19	Outdoor Unit Address (if multiple)			

L1- 120vac, L2- 120vac & DC communication, S-DC high voltage signal, G- ground.
 UNIT FACTORY CHARGE _____ Lbs. _____ oz. for preset line length of _____ ft.
 .16 oz. per ft. additional refrigerant based on units precharge length of each size unit. Before adding, check factory specification on outdoor unit that being used.

Piping:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Has the liquid pipe length been measured and the additional charge calculated?	Length:	Charge:
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the line set match the diameter of the evaporator connections?		

Multi Zone Piping:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check piping is not crossed. Turn on one indoor at a time and observe TXV is opening to correct unit.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Check restriction. Turn all indoor units in cooling, then shut down machine, leaving TXV open. Run nitrogen through system to confirm "no" blockage.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Confirm service ports are open.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Leak test. Hold 500 microns for 2 hours to confirm no leaks.

Indoor Units: Please label below the same letters as the refrigerant line drawing on the front page with location. (i.e. a. living rm, b. bedroom c. etc.)

INDOOR UNITS:				
	INDOOR UNIT # <input type="text"/>			REMARKS
Model No.	<input type="text"/>	Unit Address:	<input type="text"/>	
Serial No.	<input type="text"/>			
Location	<input type="text"/>			
Voltage	Line Voltage <input type="text"/> V			
Inlet Temperature	Cooling:	<input type="text"/> DB°F	Heating:	<input type="text"/> DB°F
Outlet Temperature	Cooling:	<input type="text"/> DB°F	Heating:	<input type="text"/> DB°F

INDOOR UNITS:					
	INDOOR UNIT # [REDACTED]			REMARKS	
Model No.	[REDACTED]	Unit Address:	[REDACTED]	[REDACTED]	
Serial No.	[REDACTED]				
Location	[REDACTED]				
Voltage	Line Voltage [REDACTED] V			[REDACTED]	
Inlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]
Outlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]

INDOOR UNITS:					
	INDOOR UNIT # [REDACTED]			REMARKS	
Model No.	[REDACTED]	Unit Address:	[REDACTED]	[REDACTED]	
Serial No.	[REDACTED]				
Location	[REDACTED]				
Voltage	Line Voltage [REDACTED] V			[REDACTED]	
Inlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]
Outlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]

INDOOR UNITS:					
	INDOOR UNIT # [REDACTED]			REMARKS	
Model No.	[REDACTED]	Unit Address:	[REDACTED]	[REDACTED]	
Serial No.	[REDACTED]				
Location	[REDACTED]				
Voltage	Line Voltage [REDACTED] V			[REDACTED]	
Inlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]
Outlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]

INDOOR UNITS:					
	INDOOR UNIT # [REDACTED]			REMARKS	
Model No.	[REDACTED]	Unit Address:	[REDACTED]	[REDACTED]	
Serial No.	[REDACTED]				
Location	[REDACTED]				
Voltage	Line Voltage [REDACTED] V			[REDACTED]	
Inlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]
Outlet Temperature	Cooling:	[REDACTED] DB°F	Heating:	[REDACTED] DB°F	[REDACTED]