

HEAT PUMP 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):

- | | | |
|---|---|---|
| <input type="checkbox"/> Low Ambient Kit | <input type="checkbox"/> Oil Separator | <input type="checkbox"/> Pump Down Kit |
| <input type="checkbox"/> Compressor Time Delay | <input type="checkbox"/> High Pressure Cutout | <input type="checkbox"/> Accumulator |
| <input type="checkbox"/> Mild Weather Kit | <input type="checkbox"/> Low Pressure Cutout | <input type="checkbox"/> Fossil Fuel Kit: |
| <input type="checkbox"/> Crankcase Heater | <input type="checkbox"/> Discharge Line Muffler | type: _____ |
| <input type="checkbox"/> Hard Start Kit | <input type="checkbox"/> Hot Water Recovery | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Filter-Drier | <input type="checkbox"/> Heat Pump Monitor | _____ |
| <input type="checkbox"/> Compressor Sound Enclosure | <input type="checkbox"/> Hot Gas Bypass | |

HEAT PUMP 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.

Circle One

Heat Mode
Cool Mode

Saturation Temp.

#

Low PSIG

Saturation Temp.

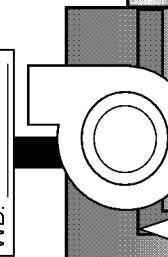
#

High PSIG

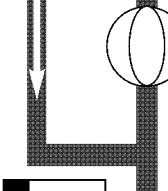
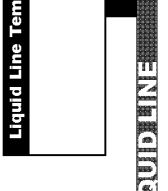
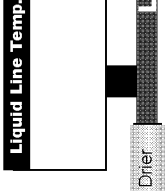
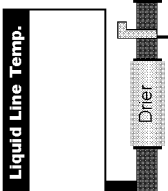
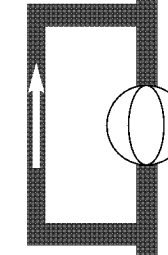
Inside Temp. Leaving
DB: _____
WB: _____

Inside Temp. Entering
DB: _____
WB: _____

Indoor Coil

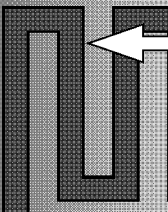
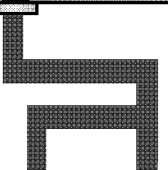


Metering Device
TXV or Fixed



LIQUID LINE

Metering Device
TXV or Fixed



Vapor Line Temp. _____

Vapor Line Temp. _____

Vapor Line Temp. _____

Vapor Line Temp. _____

Vapor Line Temp. _____

Vapor Line Temp. _____

Vapor Line Temp. _____

Outdoor Coil
Outside Temp. _____

OUTDOOR VAPOR LINE

Service Port

Service Port

Service Port

Service Port

Reversing Valve

Accumulator

Vapor Line Temp. _____

Hot Gas Line Temp. _____

Drier Yes or No

Compressor

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: _____
6. Air Handler CFM: _____

Formula For Sub Cooling
Sat Temp. _____
Minus Liquid Line Temp. _____
Equals Sub Cooling _____

Formula For Super Heat
Vapor Line Temp. _____
Minus Sat Temp. _____
Equals Super Heat _____