

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

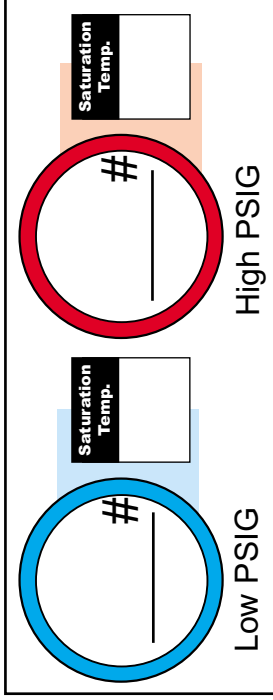
◇ ACCESSORIES? (CHECK THOSE INSTALLED):

- |   |   |  |
|---|---|--|
| <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"/> Other: _____  |
| <input type="checkbox"/> Crankcase Heater           | <input type="checkbox"/> Discharge Line Muffler | _____                                  |
| <input type="checkbox"/> Hard Start Kit             | <input type="checkbox"/> Hot Water Recovery     | _____                                  |
| <input type="checkbox"/> Filter-Drier               | <input type="checkbox"/> Hot Gas Bypass         | _____                                  |
| <input type="checkbox"/> Compressor Sound Enclosure |   |  |

# 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. \_\_\_\_\_

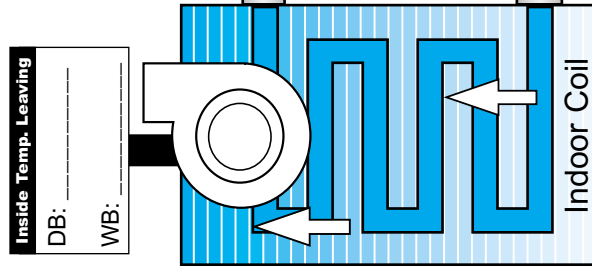
Minus Liquid Line Temp. \_\_\_\_\_

Equals Sub Cooling \_\_\_\_\_

**Inside Temp. Leaving**

DB: \_\_\_\_\_

WB: \_\_\_\_\_

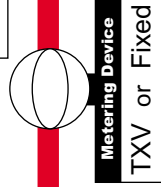


**Inside Temp. Entering**

DB: \_\_\_\_\_

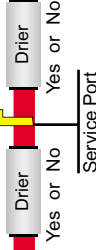
WB: \_\_\_\_\_

Liquid Line Temp. \_\_\_\_\_

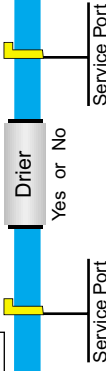


Vapor Line Temp. \_\_\_\_\_

Liquid Line Temp. \_\_\_\_\_

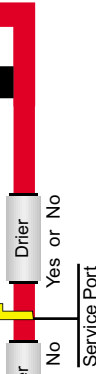


Vapor Line Temp. \_\_\_\_\_

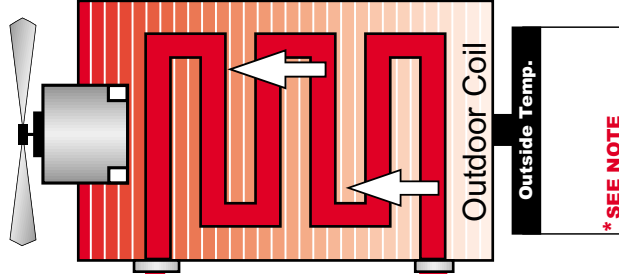


Vapor Line Temp. \_\_\_\_\_

Liquid Line Temp. \_\_\_\_\_



Hot Gas Line Temp. \_\_\_\_\_



**Outside Temp.**

\* SEE NOTE

**VOLTS:** \_\_\_\_\_

**AMPS:** \_\_\_\_\_

**C:** \_\_\_\_\_

**S:** \_\_\_\_\_

**R:** \_\_\_\_\_

Compressor

Drier  
Yes or No

## 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: \_\_\_\_\_

NOTE: An out