

HEAT PUMP JOBSITE INFORMATION SHEET

➤ **OWNER**

Name: _____

Street: _____

City: _____ Zip/Postal _____

State/Province: _____ Phone: _____

Contact: _____

➤ **DATE REQUESTED** _____

➤ **REQUESTOR:** _____

➤ **DISTRIBUTOR:**

Name: _____

Street: _____

➤ **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):**

Low Ambient Kit

Compressor Time Delay

Mild Weather Kit

Crankcase Heater

Hard Start Kit

Filter-Drier

Compressor Sound Enclosure

Oil Separator

High Pressure Cutout

Low Pressure Cutout

Discharge Line Muffler

Hot Water Recovery

Hot Gas Bypass

Pump Down Kit

Accumulator

Other:

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: _____

Indoor Coil

Inside Temp. Entering
DB: _____
WB: _____

Indoor Vapor Line

Vapor Line Temp. _____

Vapor Line Temp. _____

Metering Device
TXV or Fixed

Drier Yes or No _____
Service Port _____

Drier Yes or No _____
Service Port _____

Liquid Line Temp. _____

Liquid Line Temp. _____

Metering Device
TXV or Fixed

Vapor Line Temp. _____

Vapor Line Temp. _____

Outdoor Coil

Outside Temp. _____

Formula For Sub Cooling

Sat Temp. _____

Minus Liquid Line Temp. _____

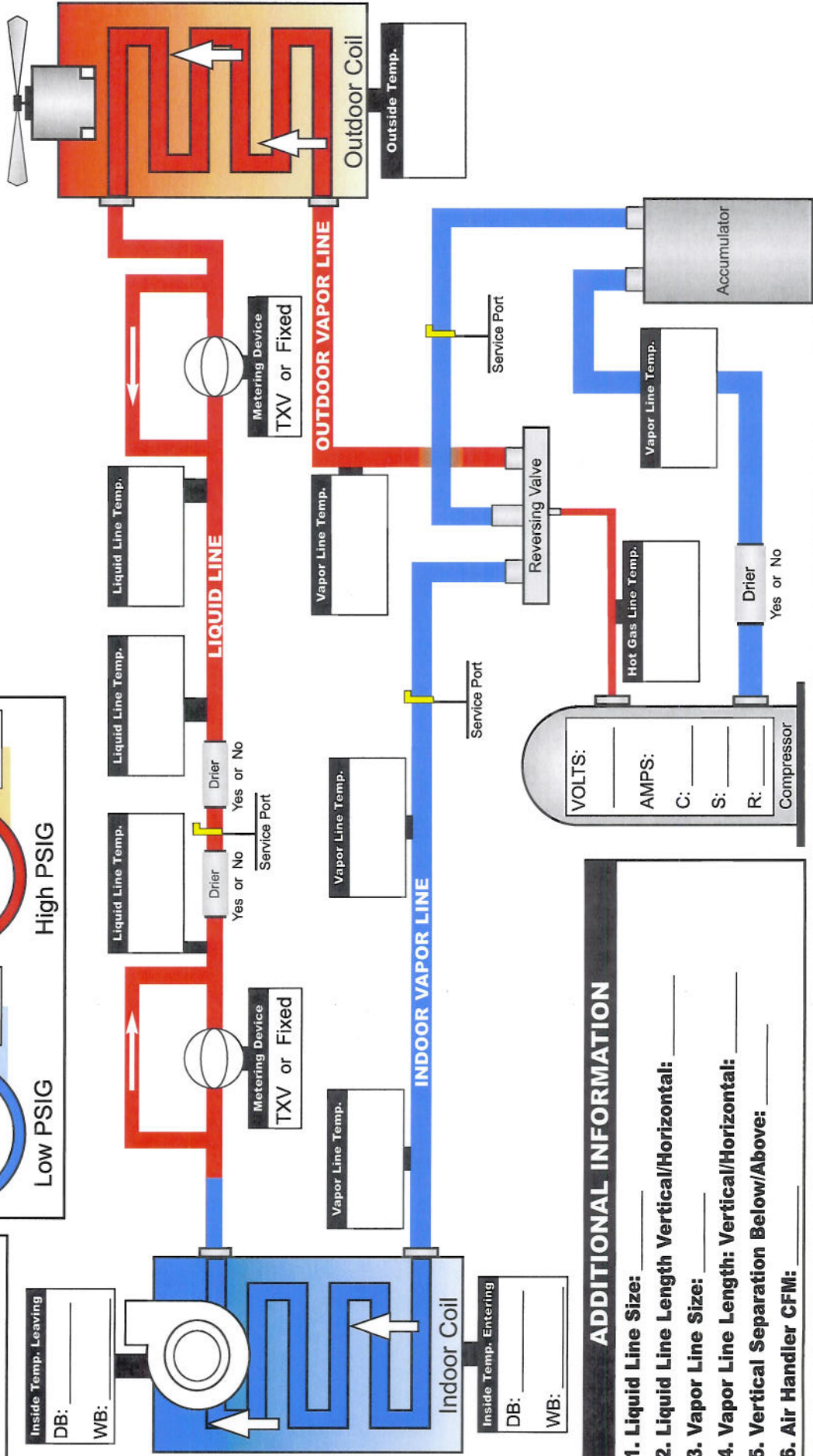
Equals Sub Cooling _____

Formula For Super Heat

Vapor Line Temp. _____

Minus Sat Temp. _____

Equals Super Heat _____



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: _____