HEAT PUMP JOBSITE INFORMATION SHEET

OWNER:

Name: _____

Street: _____

City: _____ Zip: _____

State/Province: _____ Phone: _____

Contact: _____

SERVICING CONTRACTOR:

Name: _____

Street: _____

City: _____ Zip: _____

State/Province: _____ Phone: _____

Contact: _____

DATE REQUESTED: _____

REQUESTOR:

_____

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):

- ❑ 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
- ❑ Heat Pump Monitor
- ❑ Hot Gas Bypass
- ❑ Pump Down Kit
- ❑ Accumulator
- ❑ Fossil Fuel Kit:

type: _____

- ❑ 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.

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

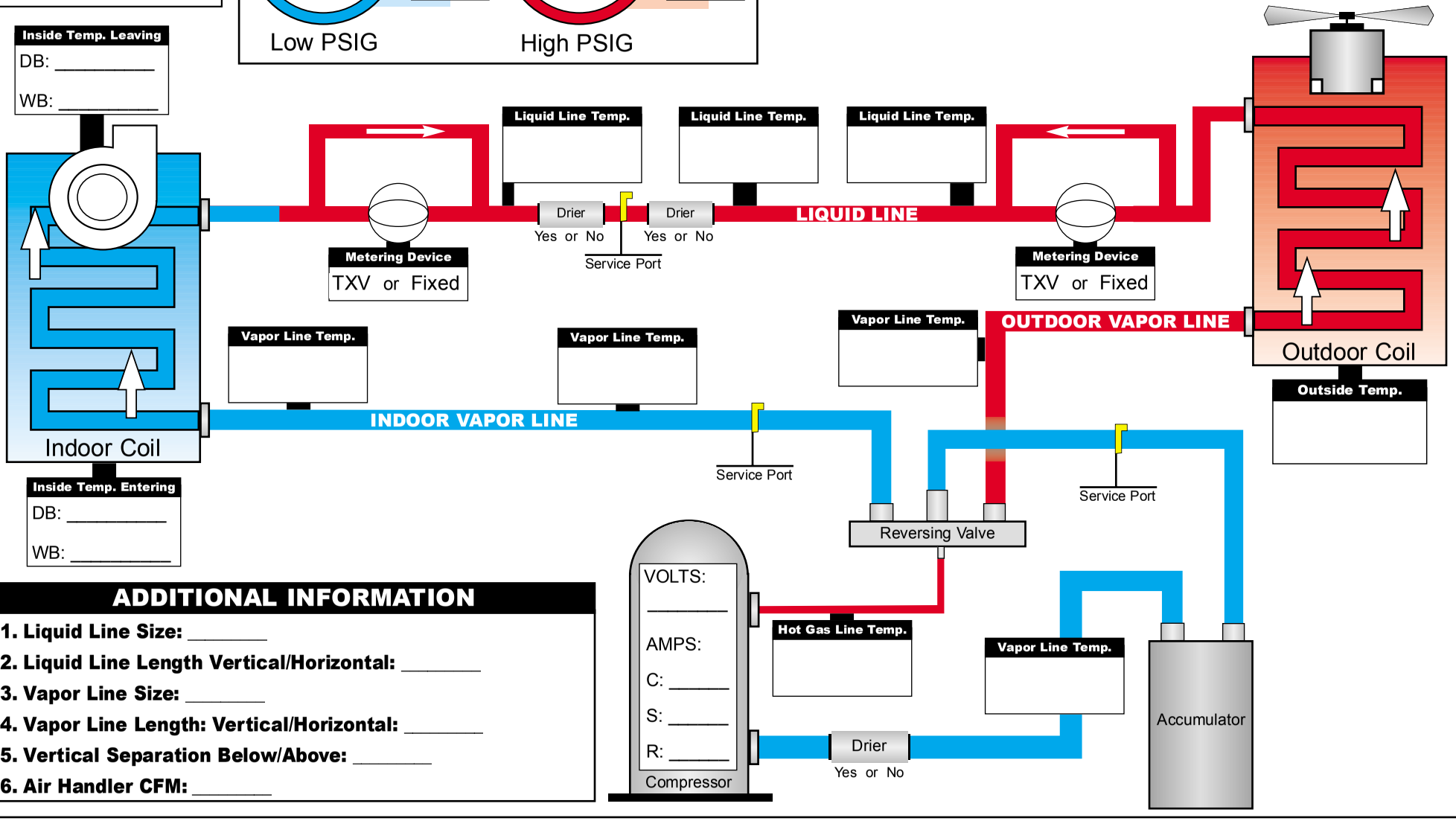
Circle One

Heat Mode

Cool Mode

_____ # Saturation Temp. — Low PSIG

_____ # Saturation Temp. — High PSIG



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: _____