



Dealer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Technician Name: \_\_\_\_\_ Technician Number: \_\_\_\_\_

Job Name: \_\_\_\_\_ Job Address: \_\_\_\_\_

Check	Questions	Distributor Notes
<b>General</b>		
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"/>	

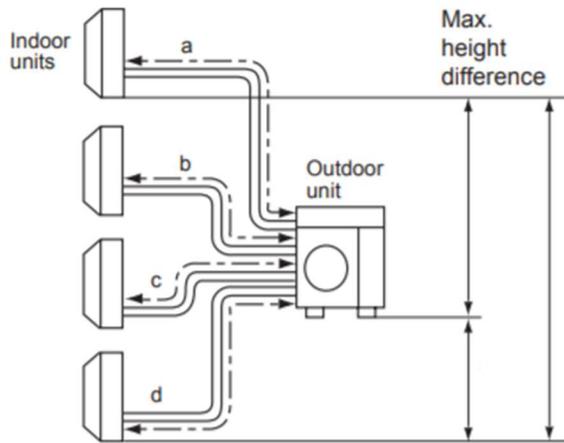
H= Horizontal Length V= Vertical Lift T= Total Line Set ( H or V )

a. \_\_\_\_\_ H \_\_\_\_\_ V    b. \_\_\_\_\_ H \_\_\_\_\_ V    c. \_\_\_\_\_ H \_\_\_\_\_ V \_\_\_\_\_

d. \_\_\_\_\_ H \_\_\_\_\_ V    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".



Line Set Info:

a. Liquid / Suction \_\_\_\_\_" / \_\_\_\_\_" Location \_\_\_\_\_

b. Liquid / Suction \_\_\_\_\_" / \_\_\_\_\_" Location \_\_\_\_\_

c. Liquid / Suction \_\_\_\_\_" / \_\_\_\_\_" Location \_\_\_\_\_

d. Liquid / Suction \_\_\_\_\_" / \_\_\_\_\_" Location \_\_\_\_\_



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 -50v to 50vdc.

OUTDOOR UNIT:					
NO.	OUTDOOR UNIT OPERATION STATUS				REMARKS
14	Outdoor Unit Details	Model No:		Serial No:	
15	Compressor Details	Model No:		Serial No:	
16	Power Source (Voltage)	L1 - N V	L2 - N V	L3 - N V	Gnd - N V
17	Vibration / Noise	Compressor Fan	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<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 & communication, S-high voltage signal, G- ground.

**Piping:**

Yes  No  Has the liquid pipe length been measured and the additional charge calculated? Length: Charge:

Yes  No  Does the line set match the diameter of the evaporator connections?

**Multi Zone Piping:**

Yes  No  Check piping is not crossed. Turn on one indoor at a time and observe TXV is opening to correct unit.

Yes  No  Check restriction. Turn all indoor units in cooling, then shut down machine, leaving TXV open. Run nitrogen through system to confirm "no" blockage.

Yes  No  Confirm service ports are open.

Yes  No  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. (ie. a. living rm, b. bedroom c. etc.)

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



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

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

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

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

