



XDX - Store Retrofit Performance Sheet REFRIGERATION SYSTEMS

Installation Date: _____	Installing Contractor: _____
Store Address: _____	Contractor Address: _____
_____	Contractor Phone: _____
Store Contact: _____	Technician on Site: _____
Store Telephone: _____	Technician Phone: _____

SYSTEM INFORMATION					
Store System Description	Evaporator Make	Evaporator Model No.	Evaporator Serial No.	Refrigerant	Ambient Temp
Compressor Make		Compressor Model No.	Compressor Serial No.	Compressor Amps (Leg 1 / 2 / 3)	
				/ /	
XDX SYSTEM OPERATION CHECKLIST - POST RETROFIT READINGS					
Liquid Line Temperature <small>(just prior to TXV inlet)</small>	Suction Line Temperature <small>@ Bulb</small>	Evaporator Pressure	T/P Temperature Conversion	Evaporator Superheat <small>(desired range of 1-3°)</small>	Compressor Superheat <small>(required 10° or more)</small>
	<small>record from probe</small>	<small>record from gauges</small>	<small>temp equivalent of evap. pressure</small>	*	
PRE RETROFIT DATA			POST RETROFIT DATA		
Original Box Temperature	Original Defrost (Amount and Duration)		Box Temperature	Defrost (Amount and Duration)	
XDX COMPONENTS					
XDX Valve Model	XDX Valve Serial No.		New TXV Model	Filter Drier	
	A.R.M.E.D. Model	A.R.M.E.D. Serial No.	A.R.M.E.D. Setting		

To be completed daily and faxed or emailed into the XDX office by 10 AM CST the following day

Return Store Information Sheet By Fax or E-Mail To: XDX Innovative Refrigeration Fax: 800.939.9656 Tel: 800.939.0250 email: info@xdxusa.com

*If superheat cannot be tuned into the desired range, reference the XDX Technology Service and Installation Instructions or contact XDX at the above number

Yes No (check one) All End Panels are present and in place. If "No" was checked please explain below

Installation Comments: _____

The system has been retrofitted, evaluated, and serviced to the best of my abilities; has been left in the best mechanical condition possible and, to our knowledge, is in proper working condition.

Yes No

If No, please explain: _____

Tech Signature: _____ **Date:** _____

The system has been retrofitted and to the best of my knowledge, everything is functioning properly.

RGM Signature: _____ **Date:** _____