

XDX System Information Survey Sheet – Air Conditioning

(one sheet per system, fill out completely and thoroughly)

Ambient Temp

Surveyor Name / Company Name	Store #	Address	System Tag (Ex 1 of 2)	Refrigerant

HVAC: Please Choose Appropriate Evaporator Model and Enter Information as Needed:

	System Make	System Model # <i>(Prefix)</i>	System Model # <i>(Suffix)</i>	Serial #	System Condition Please rate the following components: (7 Excellent-1 not functional)	
<input type="checkbox"/>	Carrier	48HJD012				
<input type="checkbox"/>	Lennox	LGA120			Oil Leakage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<input type="checkbox"/>	Lennox	LGA150			Corrosion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<input type="checkbox"/>	Trane	YHC092			Cleanliness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<input type="checkbox"/>	Trane	YHC120			Fin Condition	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<input type="checkbox"/>	Trane	YSC120			Notes: (Any issue that may impede retrofit) _____ _____ _____ _____	
<input type="checkbox"/>	Trane	YCD120				
<input type="checkbox"/>	Trane	YCD150				
<input type="checkbox"/>	Trane	YCD180				
<input type="checkbox"/>	Other:	Other:				
					Evaporator Coil Evaporator Blower Motor <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Compressor Stage One <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Compressor Stage Two <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Condenser Fan(s) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Condenser Coil Oil Leakage <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Corrosion <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Cleanliness <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Fin Condition <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	

OTHER INFORMATION NEEDED:

Stage One		Enter Existing System Component Information Below		
Compressor Model #	Compressor Serial #	Number of evaporator distributor lines or feeds on bullet header:	Select current metering device below	
		Evaporator Distributor Line OD (Circle one) 3/16" 1/4" N/A	<input type="checkbox"/> TXV	
Compressor Amperage Leg 1 / 2 / 3 / /	Return / Supply Air Temp: RETURN: SUPPLY:	Distributor Line Length (Circle one) 18" 24" 28" N/A	<input type="checkbox"/> Bullet / Fixed	
		Liquid Line Temp:	Filter Drier Size:	<input type="checkbox"/> Captube (Heatpump)

Stage Two		Enter Existing System Component Information Below		
Compressor Model #	Compressor Serial #	Number of evaporator distributor lines or feeds on bullet header:	Select current metering device below	
		Evaporator Distributor Line OD (Circle one) 3/16" 1/4" N/A	<input type="checkbox"/> TXV	
Compressor Amperage Leg 1 / 2 / 3 / /	Fresh Air Damper - Open Percentage (circle one) Closed 25% 50% 75% Full Open	Distributor Line Length (Circle one) 18" 24" 28" N/A	<input type="checkbox"/> Bullet / Fixed	
		Liquid Line Temp:	Filter Drier Size:	<input type="checkbox"/> Captube (Heatpump)

*In order for this document to be valid, it must be signed and dated

*Please fax back to XDX when completed 800.XDX.9656

Technician Signature _____ Date _____

Restaurant Manager Signature _____ Date _____