

XDX System Information Survey Sheet – Refrigeration

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

Ambient Temp

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

Cooler/Freezer: Please choose appropriate evaporator model or enter information as needed: Cooler OR Freezer

	Evap Make	Evap Model # <i>(Prefix)</i>	Evap Model # <i>(Suffix)</i>	Serial #	System Condition	
<input type="checkbox"/>	Russell	AE26-60				
<input type="checkbox"/>	Russell	CTE34-65			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"/>	Russell	SLE35-36			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"/>	Heatcraft	ADT070			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"/>	Heatcraft	ADT090			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"/>	Heatcraft	ADT104			Ice buildup	<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"/>	Heatcraft	LET065				
<input type="checkbox"/>	Heatcraft	LET090			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"/>	Heatcraft	TE035			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"/>	Heatcraft	TL35			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"/>	Other:	Other:			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

Please rate the following components: (1 Not Functional - 7 Excellent)

Evaporator Coil	Evaporator Fan Motor(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
Compressor		<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

Notes: (Any issue that may impede retrofit)

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OTHER INFORMATION NEEDED:

Compressor		<i>Enter Existing System Component Information Below</i>		
Compressor Model #	Compressor Serial #	Number of evaporator distributor lines:		ICS Box Model #
		Evaporator Distributor Line OD (Circle one)	3/16" 1/4"	
Compressor Amperage Leg 1 / 2 / 3	Box Temp	Liquid Line Temp	Distributor Line Length (Circle one)	ICS Box Serial #
/ /			10" 15" 20"	
		Filter Drier Size:		

*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