AC & Heat Pump: check one

Start-up Report _____
System Troubleshooting Report _____

Date _____
Service Tech: _____
Homeowner _____
Address: _____
City;Zip _____
Phone Number

HVAC Dealer _____
Address _____
City;Zip _____
Phone Number _____

List those present at Site Visit:

_____
_____
_____

Equip install/start-up date: _____
Start-up Tech: _____
Evap. Coil Mod # _____
Evap. Coil Ser # _____
Indoor Unit Mod # _____
Indoor Unit Ser # _____
Outdoor Mod # _____
Outdoor Ser # _____
Aux. Heater Mod # _____
Aux. Heater Ser # _____

Outdoor Unit Location: Horizontal to AH ____
Above AH _____ Below AH_____
Line set: Total Length_____ Vertical: _____
Elbows (short) _____ (Long): _____
Liquid/Suction line size _____
Purpose of Visit: _____
_____
_____

Heat Mode _____ Cool Mode _____
Stage (no strips): 1st _____ 2nd _____

AIR PROPERTIES AND MEASUREMENT:
Outdoor Air Temp _____ db
Return Air Temp at AH _____ db _____ wb
Supply Air Temp at AH _____ db _____ wb
Return Air Static (Meas. after Filter) _____
Supply Air Static at AH _____
Airflow in CFM _____
Requested CFM (comm AH) _____

CFM using Heat Strip Method (heat strips only)
CFM = BTUH ÷ (ΔT x 1.08): BTUH = Volts x Amps x 3.413

Pull disconnect at outdoor unit. At the tstat turn system switch to heating and raise the set point high enough to bring on aux heat. Evap coil must be dry; air probe must not be affected by radiant heat from heaters.

Dip Switches (A/H) on/off (circle one)
#1____ #2____ #3____ #4____#5_____#6____#7_____#8_____

A/H Disconnect: Volts _____
A/H Disconnect: Amps _____
Speed tap (non-variable speed) _____
Blower Moter: Amps _____

REFRIGERANT PROPERTIES & MEASUREMENT:
Suction Pressure _____ (common)
Liquid Pressure _____ (common)
Discharge Pressure _____ (hot gas)
Suction Line Temperature _____ (common)
Liquid Line Temperature _____ (cooling only)
Discharge Line Temp. _____ (hot gas)
Metering Device Type _____ (at indoor coil)

Sub-cooling (txv only) _____ (High Cool only)
Superheat _____ (at common suction)

ELECTRICAL: (outdoor unit)
Line/Load Voltage at Contactor _____
Compressor Amps/Rated Amps _____
Control Voltage _____

***Conclusions/Recommendations:** _____
_____

***continue on back if more detail is required- please include all information when sending.**

If this is a start-up sheet, please file for your records. If this is an escalated issue requiring FSR/Trane action, please submit:
Area code 864, email to David at dcrotts@gwd-ac.com or fax to (864) 277-9910.
Area codes 843 or 803, email to Joey at jhenderson@gwd-ac.com or fax to (803) 786-6656.

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