

**RETROFIT PERFORMANCE SHEET - INTERNATIONAL
AIR-CONDITIONING SYSTEM
MYSTICCOOL®MAX WITH HEAT PUMP OPTIMIZER KIT**



Installation Date: _____
 Location Address: _____
 Location Contact: _____
 Location Telephone: _____

Installing Contractor: _____
 Contractor Address: _____
 Contractor Phone: _____
 Technician on Site: _____
 Technician Phone: _____

System Description (Tag)	Make	Model No.	Serial No.	Refrigerant	Ambient (°C)
STAGE 1			STAGE 2		
MYSTICCOOL®MAX SYSTEM OPERATION CHECKLIST - POST RETROFIT READINGS			MYSTICCOOL®MAX SYSTEM OPERATION CHECKLIST - POST RETROFIT READINGS		
Liquid Line Temperature (just prior to TXV inlet)	Evaporator Pressure (bar)	T/P Temperature Conversion (bar to °C)	Suction Line Temp @ Bulb (°C)	Evaporator Superheat optimal range: 0.5 -1.5°C	
	=		Δ	=	*
record from gauges		convert pressure to temp	compare bar temperature to bulb temperature	equals superheat	
Compressor Superheat minimum 6°C	Compressor Amps (Leg 1 / 2 / 3)		Blower Amps	Total System Air TD	
	/ /			Return:	Supply:
				/ /	
MYSTICCOOL®MAX SYSTEM COMPONENTS			MYSTICCOOL®MAX SYSTEM COMPONENTS		
Mysticool®Max Model No.	Mysticool®Max Serial No.	Mysticool®Max Setting	New TXV Model	Filter Drier	
HEAT PUMP OPTIMIZER KIT COMPONENTS			HEAT PUMP OPTIMIZER KIT COMPONENTS		
A.R.M.E.D.* Model No.	A.R.M.E.D.* Serial No.	A.R.M.E.D.* Setting	Check Valve(s)		
COMPRESSOR			COMPRESSOR		
Brand	Model No.	Serial No.			

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

Return Store Information Sheet By Fax or E-Mail To: XDX Innovative Refrigeration Fax: +01 (1)847.398.1365 Tel: +01 (1)847.398.0250 email: support@xdxusa.com

*If superheat cannot be tuned into the desired range, reference the Mysticool®Max Service and Installation Instructions or contact XDX Innovative Refrigeration at the above number

Yes No (check one) All End Panels are present and in place. If "No" was checked please explain below
 Yes No (check one) Suction Line is Insulated from Evap outlet to Compressor
 Yes No (check one) Picture(s) were taken of system after retrofit

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.
Manager Signature: _____ **Date:** _____