

**RETROFIT PERFORMANCE SHEET
AIR-CONDITIONING SYSTEM
MYSTICCOOL®MAX**



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 (°F)
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 (psi)	T/P Temperature Conversion (psi to °F)	Suction Line Temperature @ Bulb (°F)	Evaporator Superheat optimal range: 1-3°F	Liquid Line Temperature (just prior to TXV inlet)
	=	=	Δ	=	
record from gauges	convert pressure to temp	compare psi temperature to bulb temperature	equals superheat	*	record from gauges
Compressor Superheat minimum: 10°F	Compressor Amps (Leg 1 / 2 / 3)	Blower Amps	Total System Air TD		Compressor Superheat minimum: 10°F
	/ /		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	
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

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) | All End Panels are present and in place. If "No" was checked please explain below |
| <input type="checkbox"/> Yes <input type="checkbox"/> No (check one) | Suction Line is Insulated from Evap outlet to Compressor |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____