

**RETROFIT PERFORMANCE SHEET
REFRIGERATION SYSTEM
MYSTICOOL®MAX**



Installation Date: _____

Installing Contractor: _____

Location Address: _____

Contractor Address: _____

Location Contact: _____

Contractor Phone: _____

Technician on Site: _____

Location Telephone: _____

Technician Phone: _____

SYSTEM INFORMATION

System Description (Tag)	Evaporator Make	Evaporator Model No.	Evaporator Serial No.	Refrigerant	Ambient (°F)
Compressor Make		Compressor Model No.	Compressor Serial No.	Compressor Amps (Leg 1 / 2 / 3)	
				/ /	

MYSTICOOL®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	Compressor Superheat minimum 10°F
		=	Δ =	*	
	<small>record from gauges</small>	<small>convert pressure to temperature</small>	<small>compare psi temperature to bulb temperature</small>	<small>equals superheat</small>	

PRE RETROFIT DATA

Original Box Temperature	Original Defrost (Amount and Duration)

POST RETROFIT DATA

Box Temperature	Defrost (Amount and Duration)

MYSTICOOL®MAX SYSTEM COMPONENTS

Mysticool®Max Valve Model	Mysticool®Max Valve Serial No.	Mysticool®Max Valve Setting	New TXV Model	Filter Drier

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:** _____