

**RETROFIT PERFORMANCE SHEET - INTERNATIONAL
REFRIGERATION SYSTEM
MYSTICCOOL®MAX**



Installation Date: _____ Installing Contractor: _____
 Location Address: _____ Contractor Address: _____
 _____ Contractor Phone: _____
 Location Contact: _____ Technician on Site: _____
 Location Telephone: _____ Technician Phone: _____

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

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 Temperature at Bulb (°C)	Evaporator Superheat optimal range: 0.5 -1.5°C	Compressor Superheat minimum 6°C
		=	Δ =	*	
<small>record from gauges</small>		<small>convert pressure to temperature</small>	<small>compare bar temperature to bulb temperature</small>	<small>equals superheat</small>	

PRE RETROFIT DATA		POST RETROFIT DATA	
Original Box Temperature	Original Defrost (Amount and Duration)	Box Temperature	Defrost (Amount and Duration)

MYSTICCOOL®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 to 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:** _____