

XDX® System Information Survey Sheet – HVAC, Page 1 of 4



Survey Date:		Store Brand & Location #	
Survey Company:		Store Address:	
Tech Name			

SYSTEM INFORMATION

System Tag:	
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PACKAGED SYSTEMS

Small Packaged System



Large Packaged System



SPLIT SYSTEMS

Outdoor Unit



+

Air Handler(s)



DOES THE PACKAGED OR SPLIT SYSTEM INCLUDE

A HEAT PUMP SYSTEM

Yes No

Heat Pump Required Reversing Valve



Examples of Reversing Valves



Is each stage the same capacity *check one* Yes No, please provide capacity of each stage

Stage 1:		Stage 2:		Stage 3:		Stage 4:		Total Capacity:	
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SYSTEM INFORMATION (CONTINUED)

Refrigerant:	Ambient Temp:	Return / Supply Air Temperature	
		Return:	Supply:

Fresh Air Damper: Open Percentage (check one) Closed 25% 50% 75% Full Open Not Present

FOR SPLIT SYSTEMS, LIST MAKE, MODEL AND SERIAL NO. FOR BOTH INDOOR AND OUTDOOR COIL. FOR PACKAGED SYSTEMS, LIST THE MAKE UNDER "OUTDOOR COIL."

	Indoor Coil	Outdoor Coil
Make:		
Model No.		
Serial No.		

SYSTEM CONDITION PLEASE RATE THE FOLLOWING COMPONENTS (1: NOT FUNCTIONAL – 7: EXCELLENT)

Evaporator Coil		Notes: (Any issue that may impede retrofit):	
Oil Leakage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Corrosion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Cleanliness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Fin Condition	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Evaporator Blower Motor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Condenser Coil		Notes: (Any issue that may impede retrofit):	
Oil Leakage	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Corrosion	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Cleanliness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Fin Condition	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Condenser Fan(s)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Misc. System Components		Notes: (Any issue that may impede retrofit):	
Compressor Stage One	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Compressor Stage Two	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
Insulation		Thickness	Notes:
Insulation on Suction Line	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		

For Three and Four Stage Systems, please use a 2nd Sheet

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System Tag:		Store Brand & Location #	
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OTHER INFORMATION NEEDED

Stage One		Enter Existing System Component Information Below	
Compressor Model #		Filter Drier Size:	
Compressor Serial #		Select current metering device:	<input type="checkbox"/> TXV <input type="checkbox"/> Bullet / Fixed <input type="checkbox"/> Capillary Tube
Compressor Amperage (Leg 1 / 2 / 3)		Evap Distributor Line OD	<input type="checkbox"/> 3/16"(.5cm) <input type="checkbox"/> 1/4"(.6cm) <input type="checkbox"/> Other_____
Liquid Line Temperature		Evap Distributor Line Length	<input type="checkbox"/> 18"(46cm) <input type="checkbox"/> 24"(61cm) <input type="checkbox"/> 28"(71cm) <input type="checkbox"/> Other_____
Liquid Line Pressure		Split Systems Only	
Compressor Suction Pressure		Suction Line OD	_____
Compressor Suction Line Temperature:		Suction Line Length	_____
Evaporator Distributor Lines		Liquid Line OD	_____
Number of distributors per stage		Liquid Line Length	_____
Number of evap dist. lines or feeds on bullet header per distributor		Distance between indoor coil and outdoor condenser:	_____
Stage Two		Enter Existing System Component Information Below	
Compressor Model #		Filter Drier Size:	
Compressor Serial #		Select current metering device:	<input type="checkbox"/> TXV <input type="checkbox"/> Bullet / Fixed <input type="checkbox"/> Capillary Tube
Compressor Amperage (Leg 1 / 2 / 3)		Evap Distributor Line OD	<input type="checkbox"/> 3/16"(.5cm) <input type="checkbox"/> 1/4"(.6cm) <input type="checkbox"/> Other_____
Liquid Line Temperature		Evap Distributor Line Length	<input type="checkbox"/> 18"(46cm) <input type="checkbox"/> 24"(61cm) <input type="checkbox"/> 28"(71cm) <input type="checkbox"/> Other_____
Liquid Line Pressure		Split Systems Only	
Compressor Suction Pressure		Suction Line OD	_____
Compressor Suction Line Temperature:		Suction Line Length	_____
Evaporator Distributor Lines		Liquid Line OD	_____
Number of distributors per stage		Liquid Line Length	_____
Number of evap dist. lines or feeds on bullet header per distributor		Distance between indoor coil and outdoor condenser:	_____

For Three and Four Stage Systems, please use a 2nd Sheet

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ELECTRICAL DATA

Unit				Compressor					Blower (<input type="checkbox"/> Belt <input type="checkbox"/> Direct Drive)				
Voltage	Amperage	Ø	Hertz	Voltage	Amperage	Ø	RLA	Hertz	Voltage	Amperage	Ø	FLA	Hertz

Notes & Diagrams:

All End Panels are present and in place. Yes No (check one) If "No" was checked, please explain:
 Return Store Survey 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
In order for this document to be valid it must be signed and dated.

Technician Signature:		Date:	
Manager Signature:		Date:	