

# XDX® System Information Survey Sheet – HVAC, Page 1 of 2



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

## SYSTEM INFORMATION

Tag:		Refrigerant:	Ambient Temp:
System Type:	<input type="checkbox"/> Packaged System <input type="checkbox"/> Split System	Does the system include a Heat Pump System <input type="checkbox"/> Yes <input type="checkbox"/> No	
For split systems, list make, model and serial no. for both indoor and outdoor coil. For packaged systems, list the make under "Outdoor."		Return / Supply Air Temperature	
	Indoor Coil	Outdoor Coil	Return                      Supply
Make:			
Model No.			Fresh Air Damper: Open Percentage (check one)
Serial No.			<input type="checkbox"/> Closed <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> Full Open <input type="checkbox"/> Not Present

## 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		

**XDX® System Information Survey Sheet – HVAC, Page 2 of 2**



Store Brand & Location #:	Tag:
---------------------------	------

**OTHER INFORMATION NEEDED**

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

**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

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:	