



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



In order to properly determine the correct XDX® components to retrofit the refrigeration system, XDX® requires the following information.

If you are unable to provide all the information, please complete as much as possible. We will contact you if it is determined additional information is needed.











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

System Tag:		Refrigerant:	Ambient Temp:
-------------	--	--------------	---------------

Cooler/Freezer: Please choose appropriate evaporator model or enter information as needed:  Cooler  Freezer  Case (if so, self contained?  Yes  No)

## Type of Equipment

*(please choose one picture that best depicts the system to be retrofitted per Information Worksheet)*

Walk-in Cold Room	Display Case	Reach In Case	
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
		<input type="checkbox"/> 	<input type="checkbox"/> 

See Box Dimensions Section	Length of Case:	Length of Case:
----------------------------	-----------------	-----------------

What is the product type refrigerated?  fruit/vegetables  meat/fish  dairy  frozen food



# XDX® System Information Survey Sheet – Refrigeration, Page 3 of 4



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

### CONDENSER COIL

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	
Number of Fans	

Location of Condenser: *check one*    roof    ground    shelf    inside building    outside building

Condenser: *check one*    air cooled    water cooled

Approximate distance from the condenser unit to the indoor evaporator unit:

### MISC. SYSTEM INFORMATION

Misc. System Information	Notes: (Any issue that may impede retrofit):
Evaporator Fan Motor(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	
Compressor <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	
Ice Build-Up <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

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	Thickness		Notes:
---	-----------	--	--------

### ADDITIONAL SYSTEM INFORMATION

Existing Metering Device		Box Dimensions:                      L _____ ft/m x W _____ ft/m
Low Ambient Control: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	Or if "L" shaped, total square footage: _____ ft <sup>2</sup> /m <sup>2</sup>
EPR: <input type="checkbox"/> Yes <input type="checkbox"/> No	CPR: <input type="checkbox"/> Yes <input type="checkbox"/> No	Height: _____ ft/m

### CONDENSING UNIT INFO

Compressor	Filter Drier Size
Model No.	
Serial No.	
Amperage Leg 1 / 2 / 3                      /                      /	Liquid Line    OD:                      Length:                      Temperature:

# XDX® System Information Survey Sheet – Refrigeration, Page 4 of 4



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

## EVAPORATOR INFO

Pre Fab Box Model No.		<b>Number of distributor feeder lines:</b>				
Pre Fab Box Serial No.		Distributor feeder line OD	<input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4" <input type="checkbox"/> Other _____			
<b>Defrost</b>		Distributor feeder line Length	<input type="checkbox"/> 10"(25cm) <input type="checkbox"/> 15"(38cm) <input type="checkbox"/> 20"(51cm) <input type="checkbox"/> Other _____			
Type		<b>Suction Line</b>	OD:	Length:	Temperature:	
Quantity Per Day		<b>Box Temperature:</b>				
Duration						
Amps						
Electrical Info – Data Plate Ratings	Unit Voltage	Ø	Hertz	FLA	RLA	LRA

System Notes:

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:	