

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



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

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

System Setup:   
 (please check one)  Single Compressor / Single Evaporator  Single Compressor / Multiple Evaporator Types   
 Single Compressor / Like Evaporators  Rack System / Multiple Compressors

EVAPORATOR		CONDENSER	
Make		Make	
Model		Model	
Serial 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		
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		
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		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		

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### 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:

### EVAPORATOR INFO

Pre Fab Box Model No.		Number of distributor feeder lines:			
Pre Fab Box Serial No.		Distributor feeder line OD	<input type="checkbox"/> 3/16"(.5cm) <input type="checkbox"/> 1/4"(.6cm) <input type="checkbox"/> Other_____		
Defrost		Distributor feeder line Length	<input type="checkbox"/> 10"(25cm) <input type="checkbox"/> 15"(38cm) <input type="checkbox"/> 20"(51cm) <input type="checkbox"/> Other_____		
Type		Suction Line	OD:	Length:	Temperature:
Quantity Per Day		Box Temperature:			
Duration					
Amps					
Electrical Info – Data Plate Ratings	Unit Voltage	Ø	Hertz	FLA	RLA

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:	