

ATTN:

DATE:

Coleman-Mach

An AIRXCEL Brand

COOLING PERFORMANCE WORKSHEET❖ **THIS IS NOT A CLAIM FORM** ❖**THIS FORM WILL NEED TO BE COMPLETED ENTIRELY, OR THE REQUEST WILL BE DENIED***This form cannot be submitted until all required sections have been completed and signed. Once you complete the signature field this form will automatically save a copy to your computer, then please click the SUBMIT button.***COOLING PERFORMANCE CHECKOUT PROCEDURES:****SECTION 1: (Required)**

FACILITY NAME: MYRES RV		
SHIPPING ADDRESS: 12024 Central Ave SE		
CITY: Albuquerque	ST: NM	ZIP: 87123
PHONE: 505-298-7691		
EMAIL: b.parrott@myersrv.com		

SECTION 2: (Required)

AC/HP MODEL:	37204-079
AC/HP SERIAL #:	250264053
DATE OF PURCHASE:	3/5/26
WHAT TYPE OF APPLICATION IS THIS UNIT INSTALLED ON?	5TH WHEEL TRAILER RV
PO/WO NUMBER:	

SECTION 3:

Does the compressor attempt to start?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Voltage to AC unit?	120	VOLTS AC
Is the compressor tripping?	<input checked="" type="checkbox"/> OVERLOAD	<input type="checkbox"/> BREAKER
Compressor Amp Draw? (C Terminal)	1.17	AMPS
Fan motor running in high speed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
PTCR/Start Kit Good?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Ceiling Assembly Type:	<input checked="" type="checkbox"/> DUCTED	<input type="checkbox"/> NON-DUCTED <input type="checkbox"/> NONE

SECTION 5:

VIN:	4N15K2927T0159054
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IF THE AIR CONDITIONER IS RETURNED TO US, AND OUR DIAGNOSTIC CHECKOUT PROVES THE AIR CONDITIONER IS OPERATING PROPERLY, YOUR FIRM WILL BE CHARGED FOR THE AIR CONDITIONER AND ASSOCIATED FREIGHT COSTS.

❖ If you don't receive a response within 24 hours, please contact us! ❖

SUBMIT**SECTION 4:**

To complete the following, you MUST START and RUN the unit in the HIGH COOL position for 15-20 minutes prior to taking ANY measurements. DO NOT USE A LASER THERMOMETER	
Outdoor Temperature:	78.1 °F
Temp at Return Air Grill:	77.4 °F
Temp at Supply Register:	78 °F

SECTION 6:

ADVISOR NAME:	
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SECTION 7:

NOTE: By signing and dating this form, you verify and guarantee the information as recorded above is truthful and accurate.

DATE

AUTHORIZED SIGNATURE OF RESPONSIBLE PARTY

If this form cannot be completed using Adobe Acrobat Reader, please download a copy, complete and email to RVPCPW@airxcel.com