

ATTN:   
 DATE:

**Coleman-Mach**

An AIRXCEL Brand

**COOLING PERFORMANCE WORKSHEET**

RVP TECH: **ONLINE**

TRACKING #: **BLANKET**

**❖ 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:<br>Basden Rvcenter        |           |               |
| ADDRESS:<br>600 E Baseline RD            |           |               |
| CITY:<br>Evansville                      | ST:<br>IN | ZIP:<br>47712 |
| PHONE:<br>812 867 5200                   |           |               |
| EMAIL:<br>B.Hoffman@AmericanRVcenter.com |           |               |

**SECTION 2: (Required)**

|   |                                    |
|---|------------------------------------|
| AC/HP MODEL:  | 48254C966                          |
| AC/HP SERIAL #:                                     | 220024837                          |
| DATE OF PURCHASE:                                   |                                    |
| WHAT TYPE OF APPLICATION IS THIS UNIT INSTALLED ON? | Forest River Cherokee 324TS Camper |
| PO NUMBER:  |                                    |

**SECTION 3:**

|                                       |  |  |
|---------------------------------------|--|--|
| Does the compressor attempt to start? | <input checked="" type="checkbox"/> YES    | <input type="checkbox"/> NO  |
| Voltage to Unit?                      | 120  | VOLTS AC   |
| Is the compressor tripping?           | <input type="checkbox"/> OVERLOAD          | <input type="checkbox"/> BREAKER                                     |
| Amp Draw (black wire at compressor)?  | 4.88                                       | AMPS   |
| 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<br><input type="checkbox"/> NONE |

**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:      | 65 | °F |
| Temp at Return Air Grill: | 61 | °F |
| Temp at Supply Register:  | 61 | °F |

**SECTION 5: (OEM INFO)**

|                        |
|------------------------|
| VIN: 4X4TCKH25NX157800 |
| PRE-AUTHORIZATION #:   |

**SECTION 6: (DEALER INFO)**

|                |
|----------------|
| DEALER NUMBER: |
| ADVISOR NAME:  |

**SECTION 7:**

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

DATE

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**

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