

ATTN:

DATE:



An AIRXCEL Brand

RVP TECH: **ONLINE**

TRACKING #: **BLANKET**

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:		
ADDRESS:		
CITY:	ST:	ZIP:
PHONE:		
EMAIL:		

SECTION 2: (Required)

AC/HP MODEL:	
AC/HP SERIAL #:	
DATE OF PURCHASE:	
WHAT TYPE OF APPLICATION IS THIS UNIT INSTALLED ON?	
PO NUMBER:	

SECTION 3:

Does the compressor attempt to start?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Voltage to Unit?	VOLTS AC	
Is the compressor tripping?	<input type="checkbox"/> OVERLOAD	<input type="checkbox"/> BREAKER
Amp Draw (black wire at compressor)?	AMPS	
PTCR/Start Kit Good?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ceiling Assembly Type:	<input type="checkbox"/> DUCTED <input type="checkbox"/> NON-DUCTED <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:	°F
Temp at Return Air Grill:	°F
Temp at Supply Register:	°F

SECTION 5: (OEM INFO)

VIN:
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

AUTHORIZED SIGNATURE OF RESPONSIBLE PARTY