



****THIS IS NOT A CLAIM FORM****

**Cooling Performance Checkout Procedures For Coleman®Mach®
Air Conditioners/Heat Pumps**

Section 1 THE INFORMATION IN THIS SECTION NEEDS TO BE COMPLETED IN ALL CASES
*!!*If any section marked with a "!" is not completed, you may not receive a response* !!*

AC Model Number !		Service Center Name !	
AC Serial Number !		City, State, Zip !	
Date Of Purchase !		Phone No. !	
Voltage to Unit	Volts AC	Technicians name	
Outdoor Temp	°F	OEM contact name	

Section 2 | **Section 3**

Does the compressor attempt to start?	<input type="checkbox"/> Yes <input type="checkbox"/> No	←	Does the compressor react at all when voltage is applied? if no: follow attached flow chart to diagnose
Is the Compressor tripping...	<input type="checkbox"/> Overload? <input type="checkbox"/> Breaker		<p>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.</p> <p>!!*DO NOT USE A LASER THERMOMETER*!!</p>
If running, what is the amperage on the black wire at the compressor?	Amps		
Is The Ceiling Assembly...	<input type="checkbox"/> Ducted <input type="checkbox"/> Non-Ducted <input type="checkbox"/> Ducted Return	Temp at the Return air grill?	°F
Is this equipped with an add-on heat kit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Temp at the Supply Register?	°F

! ANY APPLIANCE NOT PRE-AUTHORIZED BY RVP WILL BE DENIED AND RETURNED WITH ASSOCIATED FREIGHT COSTS !

NOTE: The person signing this form must verify and guarantee the information as recorded above is truthful and accurate.

IF THE AIR CONDITIONER IS RETURNED TO US, AND OUR DIAGNOSTIC DETERMINES THE AIR CONDITIONER IS OPERATING PROPERLY, YOUR FIRM WILL BE CHARGED FOR THE AIR CONDITIONER AND ASSOCIATED FREIGHT COSTS.

→ **!! *If you do not receive a response within 24 hours, please contact us* !!** ←

Signature of Responsible Party:	Date:
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<p>! FOR OEM USE ONLY !</p> <p>VIN# _____</p> <p>Pre-Auth# _____</p>	<p>Dealer Info:</p> <p>Dealer# _____</p> <p>Advisor Name: _____</p>
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**THIS FORM NEEDS TO BE FILLED OUT COMPLETELY AND EMAILED BY THE OEM TO:
oemform@airxcel.com**