



Warranty Start Up / Status Report

Upon startup, please complete the form with as much detail as possible

- 1) FILL OUT THE FORM
- 2) PRINT TO PDF (Creates a file on your desktop or other)
- 3) EMAIL FILE TO SALES@MCSCONROLS.COM

Date _____ Sales Order # _____

Company _____ Address _____

Name _____ Phone _____ Mobile _____ Email _____

Installation Site Name _____ Manufacturer _____ Evaporator Type FLOODED DX AIR COIL
Example: ABC Elementary School Example: Trane CVHE32, York YT

COMP #1: Model # _____ Serial # _____

COMP #2: Model # _____ Serial # _____

	COMP #1	COMP #2
Refrigerant Type		
Type of Oil		
Run Hours		
Suction Pressure		
A Saturated Suction Temp		
Discharge Pressure		
B Saturated Discharge Temp		
Oil Filter PSI		
C Suction Line Temp		
D Discharge Line Temp		
E Liquid Line Temp		
Evaporator In Temp		
F Evaporator Out Temp		
Condenser In Temp		
G Condenser Out Temp		
Oil Sump Temp		

	COMP #1	COMP #2
Suction / Oil PSI Differential		
Motor Temp		
Ambient Temp		
Amps L1		
Amps L2		
Amps L3		
Volts L1 to L2 (running)		
Volts L2 to L3 (running)		
Volts L3 to L1 (running)		
H Condenser Sat Temp		
Evaporator Sat Temp		
Evaporator Approach Temp (F - A =)		
Sub Cooling Temp (H - E =)		
Suction Superheat Temp (C - A =)		
Discharge Superheat Temp (D - B =)		
Condenser Approach Temp (H - G =)		

Remarks: