

COMPANY NAME OF TECHNICAL SERVICE CENTRE _____	CUSTOMER / INSTALLER _____	INTERNAL PROJECT NUMBER _____
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END USER INFORMATION		
COMPANY _____	STREET _____	TOWN _____
PRESENT _____	TEL. _____	E-MAIL _____

UNIT INFORMATION		
Model of unit _____	O.A. _____	s.n. _____
No. of circuits _____		
<input type="checkbox"/> chiller <input type="checkbox"/> heat pump <input type="checkbox"/> multiuse <input type="checkbox"/> rooftop <input type="checkbox"/> chiller+FC <input type="checkbox"/> hpac water <input type="checkbox"/> hpac air <input type="checkbox"/> double source hpac/condens./dry cooler Unit reference on site _____		
Refr. type _____ oil type _____ Condenser/Dry cooler SN _____ Make/Model No _____		

Mitsubishi Electric Call-in requested by _____ date: _____	CUSTOMER Call-in requested by _____ date: _____
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UNIT CHECKS					
YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	check overall unit structure	<input type="checkbox"/>	<input type="checkbox"/>	check fans rotate freely
<input type="checkbox"/>	<input type="checkbox"/>	check tightness of electrical connections	<input type="checkbox"/>	<input type="checkbox"/>	check condition of condensing coils
<input type="checkbox"/>	<input type="checkbox"/>	check unit earth connection	<input type="checkbox"/>	<input type="checkbox"/>	check belt tension and alignment / belt size
<input type="checkbox"/>	<input type="checkbox"/>	check condition of power contactor contacts	<input type="checkbox"/>	<input type="checkbox"/>	check compressor oil level
<input type="checkbox"/>	<input type="checkbox"/>	check phase sequence	<input type="checkbox"/>	<input type="checkbox"/>	check tightness of water connections
<input type="checkbox"/>	<input type="checkbox"/>	check motor electrical insulation	<input type="checkbox"/>	<input type="checkbox"/>	check operation flow switch and differential water pressure switch
<input type="checkbox"/>	<input type="checkbox"/>	check operation of heat exchanger frost protection and compressor guard heaters			

SPECIALIST INSPECTION					
YES	NO		YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	refrigerant leak test carried out (Regulation EC No 842/2006)	<input type="checkbox"/>	<input type="checkbox"/>	check operation of solenoid valves
<input type="checkbox"/>	<input type="checkbox"/>	check operation of high pressure and low pressure switch	<input type="checkbox"/>	<input type="checkbox"/>	check controller parameters
<input type="checkbox"/>	<input type="checkbox"/>	check liquid line filter	<input type="checkbox"/>	<input type="checkbox"/>	download parameters and unit black box
<input type="checkbox"/>	<input type="checkbox"/>	calibrate probes and transducers	<input type="checkbox"/>	<input type="checkbox"/>	F-GAS document completed (Regulation EC No 842/2006)

ON SITE UNIT WORKING CONDITIONS

The information must be measured with the unit at full capacity, if this is not possible, operate one circuit at full capacity: Unit at full capacity Unit at 50%

H ₂ O/Air	Evap.	Cond.	Rec.	ONLY FOR ROOFTOP AND AHU UNITS					
T in [°C]				Air	Chiller	P/C	Air flow		
T out [°C]				T ret. [°C]			Q in [m³/h]		
DP [kPa]				T supply [°C]			Q out [m³/h]		
Sw Ver.	Ext. Air [°C]	Aux. Voltage [V]	Input Volt. Unit on [V]	Input Volt. Unit off [V]	H ₂ O	Cond. WET Cold	Cond. WET Heat	Cold Coil	Hot Coil
			/ /	/ /	T in [°C]				
					T out [°C]				
cold set-point		hot set-point		recovery set point		glycol type and percentage measured:		unit BMS address	adjustment type

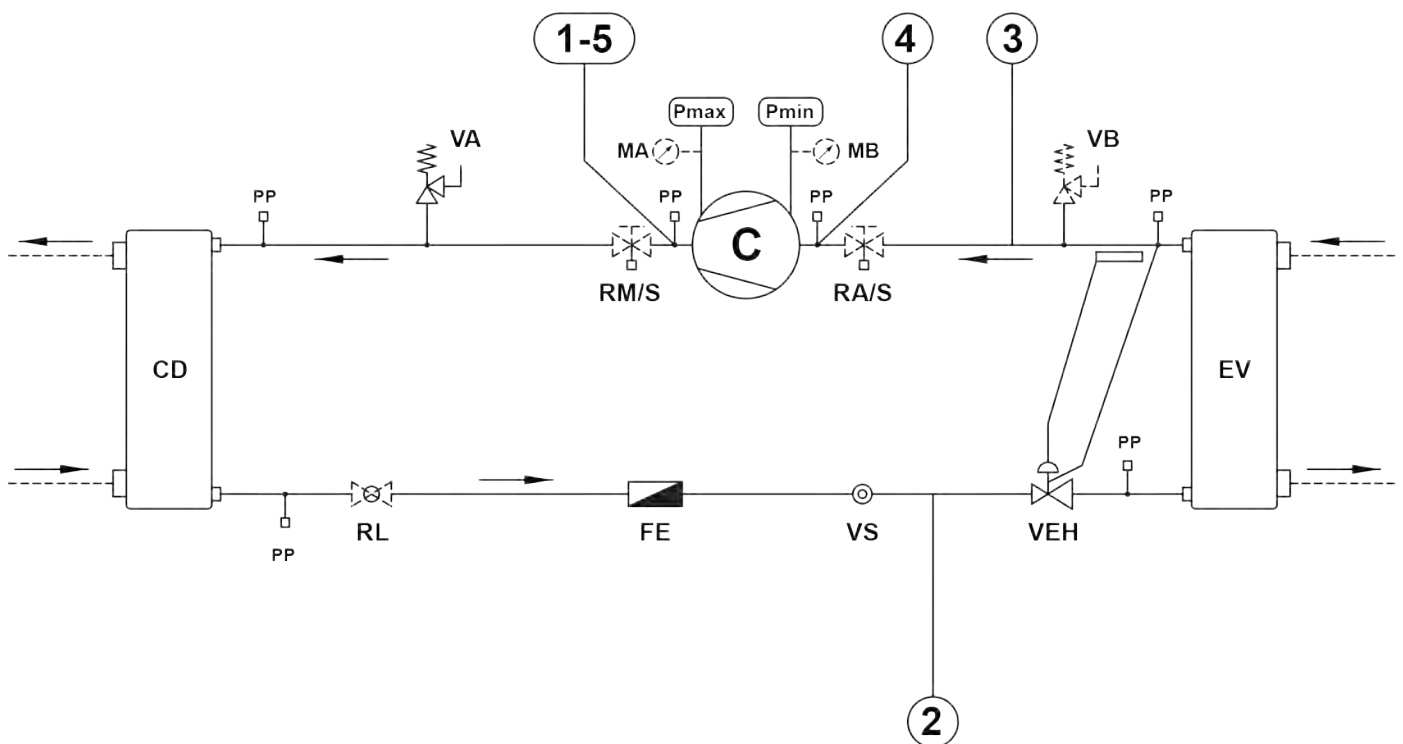
DRAWING ID (Reference to drawing on rear)														Oil sample ID
CMP	Circuit	CMP hours	CMP discharge Temp. [°C] ①	Liquid Temp. [°C] ②	Suction Temp. [°C] ③	LP [Bar] ④	HP [Bar] ⑤	Superheating [°C]	Subcooling [°C]	Acidity		Chemical analysis		
										YES	NO	YES	NO	
C1										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C2										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C3										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C4										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C5										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C6										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C7										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C8										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Delivery fan amps [A]	Return fan amps [A]	1	H ₂ O pump amps	2	H ₂ O pump amps
		A		A	

Compressors amps (L1/L2/L3) [A]								Name	Date	Start time	End time	Travel time
C1	C2	C3	C4	C5	C6	C7	C8					
Fans amps (L1/L2/L3)								Technician <input type="checkbox"/>	Helper <input type="checkbox"/>			
Circuit 1				Circuit 2				Technician <input type="checkbox"/>	Helper <input type="checkbox"/>			
Circuit 3				Circuit 4				Note _____				
Circuit 3				Circuit 4								

Name of Mitsubishi Electric technician/s (Write in capital letters)	Name of customer (Write in capital letters)
The customer was present at the signature for acceptance	Customer signature (For acceptance)
<input type="checkbox"/> YES <input type="checkbox"/> NO	Date

DISTRIBUTOR CONTACT INFORMATION



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