

Service Report

Customer _____
 Address _____
 Phone _____ Fax _____
 Dealer/Contractor _____ Phone _____ Fax _____
 Distributor/Branch _____ Phone _____ Fax _____

Today's Date _____
 Installed Date _____

Installed Equipment

Unichiller Model: UCHR-036 _____ UCHR-060 _____ Other _____
circle one
 Serial No: _____
 Storage Tank: Yes No Storage Tank Volume: circle one Gal L _____
 Installed Options/
 Wiring Changes: 20-40 Low Pressure Switch Low Ambient Control Other _____
 Stage Controller Intermittent Pump Thermostat Controlled Operation

Piping System (Use back of sheet to sketch)

Piping Method Parallel Primary-Secondary Reverse-Return Other _____
 Pipe Type Copper PEX PVC Schedule _____ Kitec Other _____

Field Measurements

Electrical: Compressor Amps: _____ Pump Amps: _____ Fan Amps (Both): _____ Volts: _____ Phase: _____
circle one
 Pressures: psig kPa Compressor Discharge _____ Compressor Suction _____
circle one
 Temperatures: COOL HEAT Water In Water Out
circle one °F °C COOL HEAT Water In Water Out
circle one
 Digital Temperature Controller: COOL Set Point _____ °F °C Differential _____
circle one HEAT Set Point _____ °F °C Differential _____
circle one
 Unichiller Flow Rate circle one GPM L/s Method of Measure: _____ Glycol Percentage: _____
circle one
 Flow Switch Shut Off Flow Rate: circle one GPM L/s _____
 Sight Glass (in COOL mode): Clear Bubbles Liquid Line Temperature: _____ °F °C
circle one

Comments or Description of Problem _____

Report Filed By: _____

***IMPORTANT* COMPLETELY FILL-IN BOTH SIDES OF THIS REPORT**

Air Handler	Blower + Chilled Water Coil Model	Air Handler Flow Rate, gpm (L/s)	Airflow, CFM (L/s)	Additional Information
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please make a sketch of the piping system showing sizes of pipes, distances and air handler locations.

