SERVICE SHEET

THIS FORM MUST BE COMPLETED BY CERTIFIED PERSONNEL WITH EXPERTISE IN AIR CONDITIONING AND ELECTRICAL SYSTEMS.

Date: _____

Customer

Name:_____
Address:_____

Telephone:_____ Invoice/ticket: _____

Installation date: _____

Date reporting failu: _____

Reviewing Technician Name:_____

Technician License: _____

Product

Model: _____ Evaporator Series:_____
Condenser Series: _____ Refrigerant Type _____

Technical information

Error code_____

Voltage between L1 – Neutral (110V Product): _____ Voltage between L1 - l2: _____
Voltage between L1 - Ground Connection: _____ Voltage between L2 - Ground: _____

Area to be heated (Square Feet) _____
Distance between indoor unit and outdoor unit:_____

Room height _____ Distance between ceiling and evaporator_____

Refrigerant Pressure:_____(PSI) Suction Line Temperature: _____
Superheating: _____ Room Temperature: _____
Injection Air Temperature: _____ Outside Temperature:_____

Note: For all Aurus products (110V y 220V) the following measurement will have to be performed:
Ground Connection to neutral connection
Result in direct current voltage (DCV)_____

Technician Diagnosis:_____
Requested spare part_____

**** Include photographs of the error code, voltage, and product review.