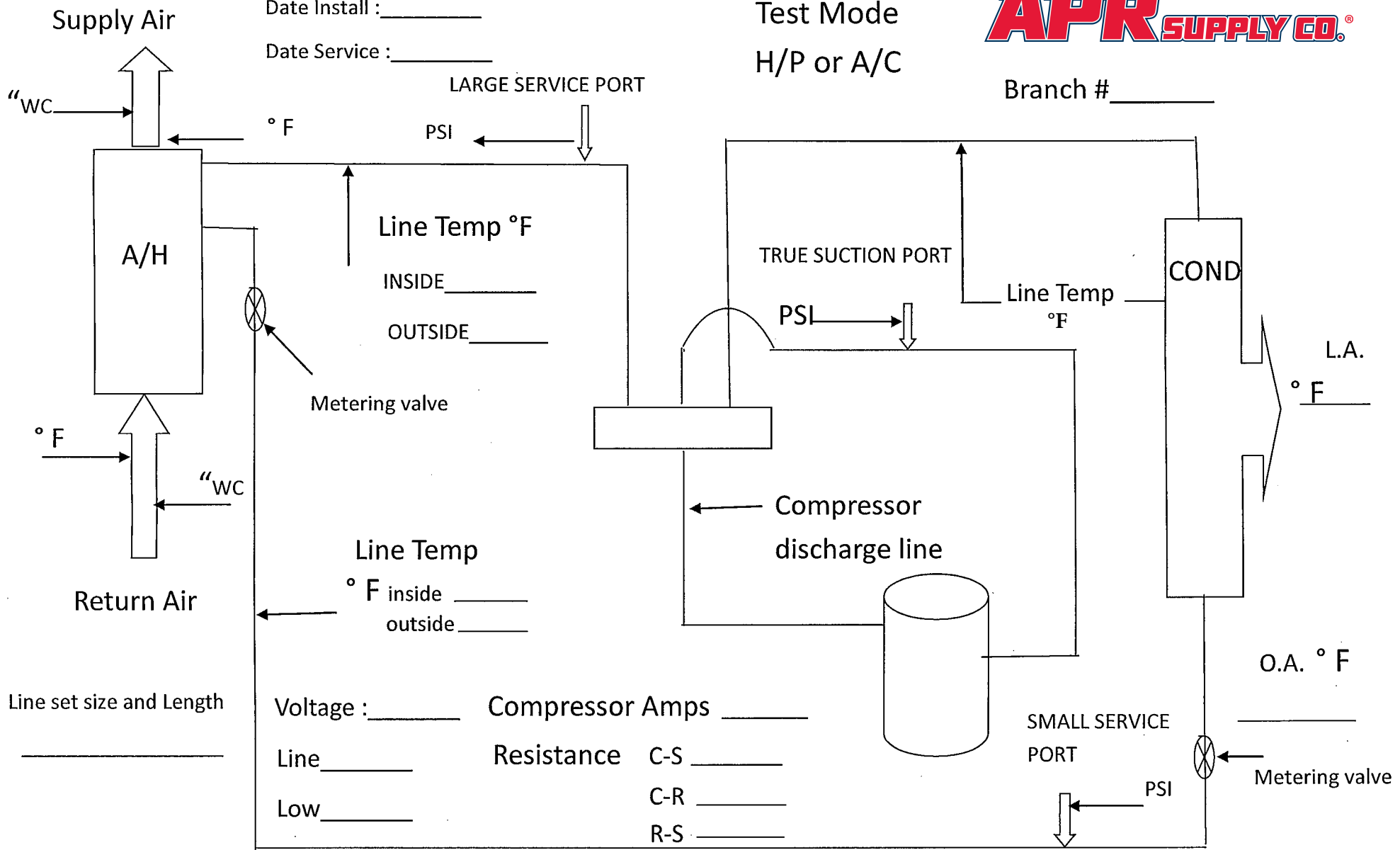


Test Mode
H/P or A/C

Date Install : _____

Date Service : _____

Branch # _____



Line Temp °F
inside _____
outside _____

Voltage : _____ Compressor Amps _____
Line _____ Resistance C-S _____
Low _____ C-R _____
R-S _____

Line set size and Length

Customer Name _____ City _____ Contractor _____ Tech's Name _____ Phone # _____

Indoor Model # _____ Serial # _____ Outdoor Model # _____ Serial # _____

Furnace Model # _____ Serial # _____ Super Heat _____ Sub - Cooling _____

Tech Support Name _____ Problem Reported _____ Conclusion _____