

TOOLSVAULT MASTER TRADES - MECHANICAL FIELD SERVICE LEDGER
COMMERCIAL HVAC SERVICE & DIAGNOSTIC RECORD

FORM TV-HV3

FACILITY / CLIENT: _____ DATE: _____

EQUIPMENT TAG / RTU #: _____ MAKE: _____ MODEL: _____ SERIAL #: _____

REFRIGERANT: ☐ R-410A ☐ R-22 ☐ R-454B ☐ R-32 ☐ Other: _____ FACTORY CHARGE: _____ LBS

1. OPERATING PRESSURES, TEMPERATURES & DIAGNOSTICS

LOW SIDE (SUCTION):

Suction Pressure: _____ PSIG | Evap Saturation Temp: _____ deg F | Suction Line Temp: _____ deg F

CALCULATED SUPERHEAT: _____ deg F (Target: _____ deg F) ☐ TXV ☐ Piston Fixed Orifice

HIGH SIDE (DISCHARGE / LIQUID):

Head / Discharge: _____ PSIG | Cond Saturation Temp: _____ deg F | Liquid Line Temp: _____ deg F

CALCULATED SUBCOOLING: _____ deg F (Target: _____ deg F) Approach Temp: _____ deg F

2. ELECTRICAL AMPS, VOLTAGE & COMPONENT HEALTH

SUPPLY VOLTAGE (3-PHASE): L1-L2: _____ V L2-L3: _____ V L1-L3: _____ V Voltage Imbalance: _____ %

COMPRESSOR 1: Rated RLA: _____ A | Measured L1: _____ A L2: _____ A L3: _____ A | Megger: _____ M-Ohms

COMPRESSOR 2: Rated RLA: _____ A | Measured L1: _____ A L2: _____ A L3: _____ A | Megger: _____ M-Ohms

CONDENSER FAN(S): Motor 1: _____ A Motor 2: _____ A | BLOWER MOTOR: Rated FLA: _____ A Actual: _____ A

CAPACITORS: Herm: _____ uF (Rated: _____) Fan: _____ uF | Contactor Points: ☐ OK ☐ Pitted/Replaced

3. AIRFLOW DELTA-T & EPA SECTION 608 COMPLIANCE LOG

AIRFLOW DELTA-T: Return Air DB: _____ deg F WB: _____ deg F | Supply Air DB: _____ deg F | Delta-T Split: _____ deg F

STATIC PRESSURE: External Total: _____ in. w.c. | Filters: ☐ Clean ☐ Replaced Size: _____

EPA REFRIGERANT ACTIVITY (MANDATORY RECORD):

Refrigerant Recovered: _____ LBS _____ OZ | Refrigerant Added: _____ LBS _____ OZ | Cylinder #: _____

Leak Location Found: _____ Repair Method: _____

Nitrogen Hold Test: _____ PSIG for _____ MINS | **Vacuum Micron Decay:** _____ Microns held for _____ MINS

4. WORK PERFORMED & TECHNICIAN CERTIFICATION

SUMMARY OF SERVICE & PARTS REPLACED:

LEAD HVAC TECHNICIAN: _____ EPA 608 CERT #: _____

CUSTOMER / FACILITY REPRESENTATIVE: _____ DATE: _____

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