DARC Air Cooled Condensers and DRCU Air Cooled Condensing Units

Instructions:
This test sheet must be completely filled out during start-up and returned to Data Aire, Inc. Failure to return the test sheet may limit or cause delays in warranty coverage. Some of the terms listed require specific information to be entered and others only need a check mark that verifies a test of inspection has been conducted. Items not applicable should be marked "N/A".

### UNIT IDENTIFICATION
Job Number: _______________________
Model Number: _______________________
Serial Number: _______________________

### TEST VOLTAGE
Voltage: A-B ___________ A-C ___________ B-C ___________
Fan Speed Control System: Y or N Flooded System: Y or N

### FAN MOTOR NO. 1 (HEADER END)
Rotation: ___ Clockwise ______ Counter Clockwise
Fan Starting Pressure: ___________ R.P.M.: ___________ Voltage: ___________
Fan Maximum Speed Pressure: ___________ R.P.M.: ___________ Voltage: ___________

### FAN MOTOR NO. 2
Rotation: ___ Clockwise ______ Counter Clockwise Thermostat Set At: ____________°F

### FAN MOTOR NO. 3
Rotation: ___ Clockwise ______ Counter Clockwise Thermostat Set At: ____________°F

### FAN MOTOR NO. 4
Rotation: ___ Clockwise ______ Counter Clockwise Thermostat Set At: ____________°F

### FAN MOTOR NO. 5
Rotation: ___ Clockwise ______ Counter Clockwise Thermostat Set At: ____________°F

### COMPRESSOR NO. 1
Operating Amps: L1 ______ L2 ______ L3 ______ Discharge Pressure: ___________PSIG
Suction Pressure: _____ PSIG Suction Temperature: ______°F Superheat: _____°F
Crankcase Temperature: ______ °F Oil Level (Sight Glass) ______ %
Hot Gas Bypass: Yes or No Liquid Line Solenoid: Yes or No Compressor Unloader: Yes or No
Discharge Pressure (unloaded): ______ PSIG Suction Temperature (unloaded): ______°F
Amps (unloaded): L1 ______ L2 ______ L3 ______
### COMPRESSOR NO. 2

<table>
<thead>
<tr>
<th>Operating Amps:</th>
<th>L1</th>
<th>L2</th>
<th>L3</th>
<th>Discharge Pressure:</th>
<th>_____PSG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suction Pressure:</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>Suction Temperature:</td>
<td>_____°F</td>
</tr>
<tr>
<td>Suction Temperature:</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
<td>Superheat:</td>
<td>_____°F</td>
</tr>
<tr>
<td>Crankcase Temperature:</td>
<td>_____°F</td>
<td>Oil Level (Sight Glass):</td>
<td>_____%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot Gas Bypass:</td>
<td>Yes or No</td>
<td>Liquid Line Solenoid:</td>
<td>Yes or No</td>
<td>Compressor Unloader:</td>
<td>Yes or No</td>
</tr>
<tr>
<td>Discharge Pressure (unloaded):</td>
<td>_____PSIG</td>
<td>Suction Temperature (unloaded):</td>
<td>_____°F</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amps (unloaded):</td>
<td>L1</td>
<td>L2</td>
<td>L3</td>
<td>Receiver Sight Glass Refrigerant Level:</td>
<td>_____%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit Clearance:</th>
<th>Front:</th>
<th>Back:</th>
<th>Right side:</th>
<th>Left side:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Piping Size:</td>
<td>Discharge Line Size:</td>
<td>_____</td>
<td>Liquid Line Size:</td>
<td>_____</td>
</tr>
<tr>
<td>Total Field Piping Length:</td>
<td>_____ feet</td>
<td>Ambient Temperature:</td>
<td>_____°F</td>
<td></td>
</tr>
<tr>
<td>Discharge Line Check Valve:</td>
<td>Yes or No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Company Name: ___________________________________ Telephone: (______)_________

Start-Up Conducted by: ____________________________ Date: __________________