

## Direct expansion: Commissioning – Sky air

<b>Installer</b>		<b>General info</b>	
Company name		<input type="checkbox"/> One time inspection	<input type="checkbox"/> Contractual inspection
Contact person			

<b>End customer</b>		<b>Performed by</b>	
Name		Company	
Street – N°		Technician	
Zip code – City		Certificate	
Country		Date	

<b>Installation</b>			
Model name		Controls	
Serial number		Refrigerant type	<input style="width: 50px;" type="text"/>
Construction year		Standard weight	<input style="width: 50px;" type="text"/> kg
Reference installation		Additional weight	<input style="width: 50px;" type="text"/> kg
Number of sky air indoor units	<input style="width: 100px;" type="text"/>	Total weight	<input style="width: 50px;" type="text"/> kg

	Indoor unit 1	Indoor unit 2	Indoor unit 3	Indoor unit 4
Unit model	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Serial number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

<b>Safety / last minute risk analysis</b>					
Safe access to the installation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other safety hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Enclosed workplace	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Emergency exits	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK
Working at heights	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Presence of necessary personal protection equipment	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK
Electrical hazards	<input type="checkbox"/> No	<input type="checkbox"/> Yes			

<b>Visual inspection</b>					
General state	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	Logbook available and complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrosion/oxidation	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	Unit grounded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vibrations/frictions	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	Presence of installation mistakes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Noise	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	Airco energy audit requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sales selection data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Unit height	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK
Communication bus	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	Refnets position/angle correct?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Piping length within limits	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	Condenser with glycol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drainage bottom plate	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	PCB state	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK
	<input type="checkbox"/> Not applicable			<input type="checkbox"/> Not applicable	
Discharge sensors	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	Piping insulation state	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK
	<input type="checkbox"/> Not applicable			<input type="checkbox"/> Not applicable	

## Electrical system

### Single phase unit

Main voltage 230 V AC  V

### Three phase unit

Main voltage 400 V AC  V  V  V  V **230 V AC** Control voltage  V

#### Isolating switch

OK  Not OK

#### Fuse

OK  Not OK

#### Cable section

OK  Not OK

## Operation check

Operation mode

Indoor unit set points  °C

	Indoor unit 1	Indoor unit 2	Indoor unit 3	Indoor unit 4
Outdoor uni electronic expansion valve opening	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Compressor data

	Frequency	L1 (A)	L2 (A)	L3 (A)	DC °t*	Abnormal noise	
Compressor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> °C	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Compressor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> °C	<input type="checkbox"/> No	<input type="checkbox"/> Yes

\* DC °t=discharge temperature / DC SH\*=discharge super heat

Suction pressure	bar <input type="text"/>	Discharge pressure	bar <input type="text"/>
Evaporating temperature	°C <input type="text"/>	Condensation temperature	°C <input type="text"/>
Suction temperature	°C <input type="text"/>	Liquid temperature	°C <input type="text"/>
Suction superheat	K <input type="text"/>	Subcooling	K <input type="text"/>

## Outdoor unit

Inlet air temperature	°C <input type="text"/>			
Outlet air temperature	°C <input type="text"/>	Fan 1 state	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK
Suction superheat	K <input type="text"/>	Fan 2 state	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK

## Electrical checks

Electrical connections  OK  Not OK Contactor contacts  OK  Not OK

#### Electrical insulation

Compressor 1  OK  Not OK  
Compressor 2  OK  Not OK

#### Winding resistance

OK  Not OK  
 OK  Not OK

Overall result

The installation is working:

- Good
- Safe

- Not good
- Not safe

Follow-up site visit needed?

- Yes
- No

Shortcomings and measures to be taken

General remarks:

Shortcomings that were not fixed during the commissioning:

Measures to be taken in order to resolve the remaining shortcomings:

Signature certified technician