

# Bristol Program Audit Form

This form needs to be completed and submitted to your Distributor Service Manager for pre-authorization to replace the compressor or unit under SMB140025. *All Fields Required*

<b>System Information:</b>	Date:
Outdoor Unit Model / Serial Number:	
Compressor Model/Serial Number:	
Date Installed:	
Date Failed:	
Customers Name:	
Dealers Name:	
Distributors Name:	

<b>Customer Complaint:</b>	
Compressor Capacity Loss?	Yes / No
Does Unit Run?	Yes / No

**Below System Checks should be done in accordance to Appendix A of SMB140025**

<b>Airflow:</b>	
Was Airflow checked and is it within specification for the application?	Yes / No
Is Static Pressure within specification?	Yes / No

<b>System Charge:</b>	
Was system charge checked and was it within specification for the application?	Yes / No
Is application a long line set?	Yes/ No
If YES above, have appropriate checks been done to ensure application/installation is correct for a long line set?	Yes / No / NA
Are there Buried Refrigerant Lines in the application?	Yes / No
If Yes, has it been verified that no liquid slugging is occurring?	Yes / No / NA

<b>Failed Compressor:</b>	
Is there power to the compressor?	Yes / No
Have the appropriate checks been done to determine that the issue is not electrical?	Yes / No

**Required: Customer was presented with all options under flyer 01-811-20402-50 or 01-8110-1183-50. For compressor replacement option, customer has received a \$200 dealer allowance for labor costs. For unit replacement option, customer is responsible for dealer labor costs.**

Homeowner signature: \_\_\_\_\_

Distributor Name & Service Manager \_\_\_\_\_

Service Managers Signature \_\_\_\_\_

Is the failed unit covered with an optional labor contract?  no  yes → Contract #: \_\_\_\_\_