



Invisible Service Technician
 502 TechneCenter Drive
 Suite B
 Milford, OH 45150
Phone: 513.248.0900
Fax: 513.248.2470
Toll Free: 866.763.5500
www.istmonitor.com

Monitor Serial # _____

Customer Log Sheet for IST Activation

Complete All Information Below.

MONITORED EQUIPMENT

Equipment Description: _____

Indoor

Equipment Type: Forced Air Furnace Electric Air Handler Other: _____

Manufacturer: _____

Model #: _____

Year Manufactured: _____

Condition: _____

Evaporator Coil: _____

Manufacturer: _____

Model #: _____

Metering Device Type: Fixed Bore TXV Other: _____

Heat Type: Natural Gas L.P. Gas Oil Electric Strip

Efficiency: 100% Electric 90% or Above 80% or Below

Humidifier: Yes No

Air Cleaner: Yes No

Outdoor

Equipment Type: A/C Only Heat Pump A/C Other: _____

Manufacturer: _____

Model #: _____

Year Manufactured: _____

Coil Metering Device Type: Fixed Bore TXV Other: _____

Is Refrigerant Line Dryer in Use? Yes No **Refrigerant Type:** _____

Unit Location: Ground Roof Attic Other _____

Thermostat Type:

Programmable Electric Non-Programmable Mercury Other: _____

Furnace Filter

Ultraviolet Lamp

Size: _____	Quantity: _____	Manufacturer: _____	Model #: _____
Type: _____			

ATTENTION: Before parameters below are determined, the HVAC system must be in peak operating condition. For example, filter is clean, blower speeds properly selected, gas pressures properly set, evaporator and condenser coils clean, Freon at proper charge levels, etc.

PLEASE SEE INSTALLATION INSTRUCTIONS

PARAMETERS AND SENSORS

All Temperatures Below Are:	<input type="checkbox"/> Fahrenheit (°F)	<input type="checkbox"/> Centigrade (°C)
Suction Line Temperature:	Lower: _____	Upper: _____
Liquid Line Temperature:	Lower: _____	Upper: _____
Fan Motor Temperature:		Upper: _____
Return Air Temperature:	Lower: _____	Upper: _____
Supply Air Temperature:	Lower: _____	Upper: _____
Alternative Measured Temperatures:		
_____	Lower: _____	Upper: _____
_____	Lower: _____	Upper: _____
_____	Lower: _____	Upper: _____
Heat Rise:	Lower: _____	Upper: _____
Cool Drop:	Lower: _____	Upper: _____
Condensing Temperature Difference:	<input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 35 (CTD = Liquid Saturation Temperature – Outdoor Temperature)	
Indoor Evaporator Coil Super Heat:	_____ (TXV Systems Only)	

SENSORS INSTALLED

Temperature:

Standard Configuration

- | | | |
|-----|--------------------------|--|
| TSL | Suction Line Temperature | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TFL | Liquid Line Temperature | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TM | Fan Motor Temperature | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TS | Supply Air Temperature | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TR | Return Air Temperature | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TO | Outside Air Temperature | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Digital:

- | | | |
|-----|------------------------------|--|
| F | Filter Pressure Differential | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| UV | Ultraviolet Light | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A1 | Water Level-Drain Pan | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A2 | Water Level-Condensate Pump | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF | Control Board Reader-Indoor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| IF2 | Control Board Reader-2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| UV2 | Second Ultraviolet Light | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| A3 | Water Level- Sump Pump | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Thermostat:

- | | | |
|----|-----------------|--|
| G | Fan Motor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Y1 | Current Cool 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Y2 | Current Cool 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| W1 | Current Heat 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| W2 | Current Heat 2 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| RV | Reversing Valve | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| E | Emergency Heat | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Custom Sensor Name:
