To Our Valued Customers,

In an effort to maintain the highest level of quality the factory is reviewing all submitted warranties. As such any warranty component falling within the criteria outlined below will be placed into pending status:

- Three of the same component failure during the life of the warranty
- Three major component failures (compressor, coil or heat exchanger) within the life of the warranty
- Two of the same component failing within six months

Note: Claims or components covered under an SI or YS letter (known issues) are not counted toward the totals listed above.

Additionally any unit with three or more claims during the life of the warranty can trigger a review. Based on the history of this unit the part you are retuning will fall within the criteria above meaning we cannot issue warranty until we receive completed a critical readings sheet which is then submitted to the factory for review. Please note that forms submitted with missing data will only delay the process and credit for components cannot be issued for parts under warranty when the information requested is not supplied within 30 days after receiving the replacment part. The goal is to insure the cause for muliple failures as been resolved or eliminated. If you have any questions about this form please contact your local Virginia Air Technical Service Manager.

Thank you.

NOTE: There are two forms attached. You only need to complete the one relative to the unit in question.

- Form 1 is required for A/C, HP and packaged units
- Form 2 is required for furnaces and packaged unit heating issues

FORM 1 - Critical Readings for A/C, HP or Packaged Unit

If submitted due to mulitple failures this form must be complete!

Date:

Distributor:	**Contact Name and Phone#:**
Dealer:	**City & State:**

O.D. Unit Type (A/C H/P) and Make:	**Model#:**		**Serial#:**
I.D. Unit Type (Furnace A/H) and Make:	**Model#:**		**Serial#:**

Indoor Coil Type and Make:	**Model#:**	**Metering Device Type:**	**Size or Part Number#:**

Symptom or reasons for part/compressor replacement:

Line Set Size and length #ft, rise or drop # ft

*** Suction Pressure**	
*** Suction Line Temp**	
(T&P) Suction Saturation	
Suction Superheat	

***Outdoor Dry Bulb**	

*** ID Entering Dry Bulb**	
***ID Leaving Dry Bulb**	
ID Delta T Dry Bulb	

***Indoor CFM**	
Blower Speed Setting (Cool)	
Indoor Static Pressure	

*** Liquid Pressure**	
(T&P) Liquid Saturation	
*** Liquid Line Temp**	
Liquid Subcooling	

	Indoor	Enthalpy (THC)
***Entering WB**		
***Leaving WB**		
	Delta THC	

Capacity = Delta THC X 4.5 X cfm = Capacity

Discharge Pressure	
***Discharge Line Temp**	
Discharge Saturation	
Discharge Superheat	

Compressor	Rated on Plate	Actual
*** Volts**		
***Amps**		

NOTE: * Are absolutely required readings

Warranty can be denied if values are left blank

Attn: Fax or deliver to local branch

FORM 2 - Critical Readings for Gas Furnace/Gas Respack

Incomplete forms will only delay responses or part credits.

Date:

Distributor:	**Contact Name and Phone#:**
Dealer:	**City & State:**

O.D. Unit Type (A/C or H/P) and Make:	**Model#:**		**Serial#:**
I.D. Unit Type (Furnace) and Make:	**Model#:**		**Serial#:**

Indoor Coil Type and Make:	**Model#:**	**Fuel Type: ____ Natural ____LP**	**LoNox: ___Yes ____ No**

Configuration: **____ Upflow ____ Downflow ____ Horizontal Left ____ Horizontal Right**

Air Side: Heating (PSC)

Low Heat Blower Selected ___Red (Low) ___Yel (Med Low) ___Blue (Med/Med High) ___Black (High)
High Heat Blower Selected ___Red (Low) ___Yel (Med Low) ___ Blue (Med/Med High) ___ Black (High)

Air Side: Heating (STD ECM)

Low Heat Blower Selected ____1 ____2 ____3 ____4 ____5
High Heat Blower Selected ____1 ____2 ____3 ____4 ____5

Air Side: Heating (Varible Speed ECM) Heat Speed Selection: ____A ____B ____C ____D

Air Side: Heating - Modulating Furnace ATR Setting ____ NOM ____+10F ____-10F

Inlet Gas Pressure (in.w.c.) *Static (Idle)*	
Inlet Gas Pressure (in.w.c.) *Dynamic (Operating)*	
~~Low Fire~~ Manifold Gas Pressure (in.w.c.)	
~~High Fire~~ Manifold Gas Pressure (in.w.c.)	

Furnace Eff: 80%__ 90%__

Intake Vent Pipe Size	
#LR __#SR__ 90 Degree Ells	
# 45 Degree Ells	
Total Linear Pipe Length	

Exhaust Vent Pipe Size	
#LR__ #SR __ 90 Degree Ells	
# 45 Degree Ells	
Total Linear Pipe Length	

Outdoor Dry Bulb	
ID Entering Dry Bulb	
ID Leaving Dry Bulb	
Delta T Low Fire Delta T High Fire	

Indoor CFM	
Return Static Pressure	
Supply Static Pressure	
Total External Static	

Intake Vent Termination	**Roof ___ Attic ___ Sidewall ___ Concentric___**	**___Crawlspace ___Room**
Exhaust Vent Termination	**Roof ___ Sidewall ___ Concentric___**	
	Elevation Above Sea Level	

Installation Envelope: **____ Crawlspace ____ Room/Closet ____Attic**
____ Garage ____ Packaged Gas Fired Product (Respack)

Furnace	Rated on Plate	~~Actual~~
Primary Voltage Secondary Voltage	N/A	
Circuit Ampdraw Blower Ampdraw		

Case Number

NOTE: **All Readings Required**

UPG Technical Services
3110 N. Mead St
Wichita, KS 67219

Attn: Fax or Delivery to the Local Branch