

Warranty # _____

MicroGuard HVAC/R

Coil & Fin Clear Protective Treatment

Field Application Data Form

CUSTOMER/INSTALLER INFORMATION:

Start Date – Job Installation ____ / ____ / ____	End Date – Job Installation ____ / ____ / ____
Customer: _____	Installer: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Certification #: _____

PRODUCT & SURFACE INFORMATION:

HVAC/R Manufacturer: _____ Model # _____ Serial # _____ Model # _____ Serial # _____ Model # _____ Serial # _____	Condition of HVAC/R Unit: (check one, fill in age) New _____ Field Installed _____ Age _____
MicroGuard Batch Numbers Used: (fill in) Component A _____ Component B _____ Component C _____	Numerical Rating of Field Unit Condition: (circle one) 10 9 8 7 6 5 4 3 2 1 (10=best, 1=worst) [Use the photo comparative chart to determine condition]
Total MicroGuard Product Used: Gallons _____ Quarts _____	Total Tonnage Treated: _____
	Total MicroKleen PLC-1 Cleaner Used: Gallons _____
	Dilution Rate: _____ to _____
	Total MicroKleen AD72-930 Final Rinse Used: Gallons _____

INSTALLATION INFORMATION:

Equipment/Installation Equipment (fill in all)	
Adsil HVAC/R Spray System Used for MicroGuard Installation: _____ Yes _____ Other (specify in box)	
Gauge Pressure Settings Used: Fluid _____ Air _____	Specify: _____
Air Compressor Rating _____ CFM @ 90 PSI	Number of Coil Rows: _____

WEATHER INFORMATION:

Temperature: (check all that apply) 95° F. or above _____ 85° to 95° F. _____ 75° to 85° F. _____ 65° to 75° F. _____ 55° to 65° F. _____	Humidity: (check all that apply) 90% or above _____ 70% to 90% _____ 50% to 70% _____ 30% to 50% _____ below 30% _____	Wind Conditions: (check all that apply) Very Windy _____ Moderate Wind _____ Gusty Wind _____ Slight Breeze _____ Still _____
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Maintain a copy of this Field Application Data Form on file. For Limited Warranty work, send original Field Application Data Form to Adsil.

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