

**CUSTOMER AND SITE INFORMATION**

Wholesaler / Distributor Name:		Date:
Site Address:	Address Line 2:	
City:	State:	Zip Code:
Installing or Service Contractor Name:		
City:	State:	Zip Code:
Date of Original Installation:	Repair Dates (If Any):	
Date of Last System Maintenance:		

**MODEL INFORMATION**

Outdoor Unit Model Number:	Outdoor Serial Number:
<b>For Multi F and Multi F Max Please Provide the following (Up to 8 Indoor Units and 2 Branch Distribution Boxes):</b>	
<b>Indoor Unit 1:</b>	Indoor Unit Model Number:
	Indoor Unit Serial Number:

**Initial System Installation Questions:**

1)Is this a New installation:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	11)Interconnecting wire shielded:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2)Is there a Condensate Pump installed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	12)Interconnecting wiring Grounded:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3)Is there a PI-485 Installed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	13)Confirm no wire splices:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4)Are any IDU's Group Controlled:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	14)Confirm no Vertical Loops in piping:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5)Is there any Remote Temp Sensors Installed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	15)Confirm All Wall penetrations are sealed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6)Is there a Dry Contactor Installed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
7)Does this unit have a Surge Protector Installed:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
8)Are there any wall stats in system:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
9)Are there any 3rd party wall stats in system:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
10)Have any trouble shooting steps been taken:	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

\* If yes to any please provide any additional information below.

ERROR CODE:  
Additional Information:

**Piping Information**

Insulation Thickness (in.)		Liquid Line:	
Total Piping Length (Ft)		Gas Line:	
*Δ T Readings need to be taken after 15 minutes of system operation with fan speed on High	IDU: Dip Switch Settings	Feet: Vertical Rise from ODU to IDU	Feet: Vertical Rise From IDU to IDU
		Δ T Heating – Set Temperature at 86° F	Δ T Cooling – Set Temperature at 64° F
Indoor Unit 1:			
Total Piping (ft.) for Multi F or Multi F Max:			
Total Refrigerant Charge (oz.):			
<b>Ducted Units Only</b>			
Model Number	Static Pressure	ESP LO	ESP Mid
		ESP HI	ESP VL
Indoor Unit 1:			ESP PO

ESP settings should be set in LG wall stat: Installer setting 03: (options should be 000-255)

**Air Flow Clearance Information**

IDU	M1	M2	M3	M4	M5
IDU1					
Model Number	M1	M3	M4	M5	



Clearance Information  
 M1 Distance from front of unit to closest obstruction  
 M2 Distance from bottom of unit to closest obstruction  
 M3 Distance from left of unit to closest obstruction  
 M4 Distance from right of unit to closest obstruction  
 M5 Distance from top of unit to closest obstruction  
**\*PICTURES WILL BE REQUIRED TO VERIFY DISTANCES**

Out Door Unit Clearance Information

**Electrical Information**

**Power ON Checks**

Disconnect AC		ODU Power IN AC		ODU Power out to IDU AC/DC		In the steps below Remove the #3 wire. This wire will be hot (wire nut to not short) Check DCv from L1 to #3 terminal block with no wire in DCv.
L1-L2=		L1-L2=		L1-L2=AC		
L1-G=		L1-G=		L1-3=AC		
L2-G=		L2-G=		L2-3=DC		
					L1-3(DCv)=	

Low^ High^

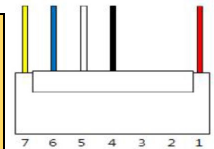
**Thermistor Checks**

<b>Note: Temperature to be measured after 15 minutes of system operation, with fan speed High</b>						All Checks in this section should be provided by LGMV diagnostic tool. If using LGMV please record as much data as possible and send in with this form.	
IDU	EEV Position		Air	Pipe In	Pipe Mid		Pipe Out
IDU 1							
Out Door Unit	Air	Pipe	Suc	DIS	Hex Out		Hex Mid

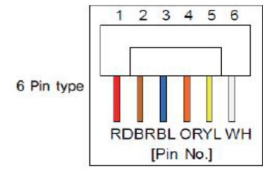
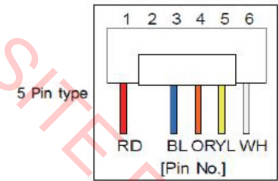
**Power OFF Checks**

ODU Ground Check			
L1-Ground=		L2- G=	3-G=
Motor Checks (BLDC) ODU			
1-4=		4-6=	
4-5=		4-7=	

Make sure that your Black lead is on the #4 pin. If your Black lead isn't on #4 pin testing values could be wrong.



<b>EEV 5&amp;6 Wire</b>				
5 Wire	1-3=	1-4=	1-5=	1-6=
EEV				
6 Wire	1-3=	1-5=	2-4=	2-6=
1-3=				



**INSTALLATION PHOTOS**

Installation photos are required, please attach digital photos of the following (additional photos may be required) :

Outdoor unit placement	Outdoor unit model and serial number tags	Outdoor unit wiring and piping connections
Indoor unit placement	Indoor unit model and serial number tags	

**Technical Service Support History**

Case Number(s) Provided by LG Technical Service (contractor must request):	Date of Call:

**\*Resources\***

- This information form is for the sole purpose of collecting data prior to calling Technical Support in order to facilitate a shorter call.
- Additional Resources can be found: LGHVAC.com, LGMV Mobil app, Youtube.com, MyLGHVAC.com/ training videos.
- If LGMV Data is required please contact your local TSA, Distributor and/or Rep.
- If you are looking for trouble shooting material please go to LGHVAC.com
- If training is required please install LGMV Mobil app on your phone and look up the manual accordingly. For further training please contact your Distributor and/or Rep for additional training.
- For informational videos showing how to test the product and assist you with filling out some of this form please go to youtube.com search "RAC Troubleshooting"