

**CONFIDENTIAL**

**TRANSPORT REFRIGERATION EQUIPMENT  
WITNESS TESTING LABORATORY INSPECTION**

Participant's Company Name: \_\_\_\_\_

Location:  
\_\_\_\_\_

1. What is the operating range of your facilities?

No. _____	Capacity: Minimum _____	Maximum _____
No. _____	Capacity: Minimum _____	Maximum _____
No. _____	Capacity: Minimum _____	Maximum _____
No. _____	Capacity: Minimum _____	Maximum _____

2. How long does it take for you to install a unit for test (fully instrumented)?

	Persons	Hours
Direct Supervision Man-Hours	_____	_____

3. How long does it take for you to conduct the complete AHRI Certification Program Test on a unit?

	Persons	Hours
Direct Supervision Man-Hours	_____	_____

How many shifts per day shall you employ for the witness test? \_\_\_\_\_

What type of instrumentation do you use to determine power input to the Calorimeter?

\_\_\_\_\_

4. What type of instrument do you use to determine calorimeter and ambient air temperatures?

\_\_\_\_\_

5. How often do you calibrate your instruments?

Electrical: \_\_\_\_\_ Temperature: \_\_\_\_\_

6. Are your primary standards traceable to NIST? \_\_\_\_\_

Complied by: \_\_\_\_\_

Date: \_\_\_\_\_