**Form CRM-WT1**

**REQUEST FOR APPROVAL OF TEST FACILITY**

**AHRI COMMERCIAL REFRIGERATED DISPLAY MERCHANDISERS AND STORAGE CABINETS CERTIFICATION PROGRAM**

We, the undersigned, hereby request the Air-Conditioning, Heating, and Refrigeration Institute (AHRI) to

approve our test facility, located at *(state exact address):*

for the purpose of conducting certification tests on Commercial Refrigerated Display Merchandisers and Storage Cabinets per the latest edition of AHRI Standard 1200. We certify that all testing shall be done

according to the testing codes and certified rating programs approved by AHRI.

Accompanying this request is the following information:

1. Forms CRM-WT2, Witness Testing Facility Inspection;
2. and CRM-WT3, Witness Testing Personnel Experience Questionnaire;
3. A complete list of all instruments and equipment being used to perform certification testing in accordance with AHRI Standard 1200 and a copy of each calibration report showing date of last calibration;
4. A schematic drawing of the area of the test facility in which AHRI certification testing shall be performed; and
5. Photographs of the test facility in which AHRI certification testing shall take place, which shall include sufficient views to show the location and connection of each instrument.

In signing this form and submitting all information requested above, we acknowledge that the test facility

is in conformance with all of the provisions of the latest edition of AHRI Standard 1200.

\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_ \_

Signature of Certification Signature of Chief Engineer

Program Compliance Officer or Test Facility Director

\_\_\_\_ \_\_\_\_

Printed Name Printed Name

\_\_\_\_ \_\_\_\_

Title and Company Title and Company

\_\_\_\_ \_\_\_\_

Date Date

Final approval of this test facility to conduct witness testing in support of the AHRI Certification Program

for Commercial Refrigerated Display Merchandisers and Storage Cabinets is contingent upon AHRI’s approval of the information provided and satisfactory completion of a facility and equipment inspection. AHRI shall notify the Participant, in writing, when final approval of the test facility to conduct witness testing has been granted. Final approval shall received before any AHRI certification tests, including program qualification tests, can be conducted in the test facility.

**Form CRM-WT2**

**WITNESS TESTING FACILITY INSPECTION**

**AHRI COMMERCIAL REFRIGERATED DISPLAY MERCHANDISERS AND STORAGE CABINETS CERTIFICATION PROGRAM**

Instructions: Participant shall complete all applicable portions of form at time of request for preliminary witness test facility approval. At time of inspection the Laboratory Representative shall verify the Participant’s data and initial each section to signify verification and acceptance of the Participant’s data. Any discrepancy shall be noted and explained by the Laboratory Representative in the “Notes” section of the form.

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

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

|  |  |
| --- | --- |
| TO BE FILLED OUT BY PARTICIPANT | LABORATORY REPRESENTATIVE’S INITIALS SIGNIFYING VERIFICATION AND ACCEPTANCE |
| **Facility Operating Range** |  |
| (a) Refrigeration Capacity, BTU/H |  |
| Minimum: |  |
| Maximum: |  |
| (b) Condensing Water Flow, gpm |  |
| Minimum: |  |
| Maximum: |  |
| (c) Ambient Condition Control |  |
| (d) What type of instrumentation is used for humidity control? |  |
| (e) Humidity Range |  |
| (f) What type of instrumentation is used for dry bulb temperature control? |  |
| (g) Dry Bulb Range |  |
| (h) Power Requirement |  |
| List all Voltage Service Available (Voltage, Ampacity, Phase) |  |
|  |  |
|  |  |
|  |  |
| **Physical Facility Characteristics** |  |
| (i) What is the lift capacity? |  |
| (j) What is the largest unit your facility can accommodate?  L:  H:  D: |  |
| **Instrumentation [also see section (p)]** |  |
| (k) Are the temperature measuring instruments capable of the range and accuracy specified in AHRI Standard 1200? |  |
| (l) Are the pressure measuring instruments capable of the range and accuracy specified in AHRI Standard 1200? |  |
| (m) Are the flow measuring instruments capable of the range and accuracy specified in AHRI Standard 1200? |  |
| **Data Acquisition System** |  |
| (n) Explain your total data acquisition system should you employ a computer. List all hardware and software. What data do you obtain? |  |

**Facility Staffing and Testing Issues**

(o) How many man-hours does it take for you to install a unit for test (fully instrumented)?

(p) How long does it take you to conduct a standard rating test (start to finish, including calculations)?

(q) How many shifts per day shall you employ for AHRI testing?

FOR INDEPENDENT LAB REPRESENTATIVE: Instruments in the facility match those listed on Form CRM-WT1. Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(r) Other data pertinent to compliance with AHRI Standard 1200, if necessary:

NOTES:

Participant Laboratory Representative

Date Date

**Form CRM-WT3**

**WITNESS TESTING PERSONNEL EXPERIENCE QUESTIONNAIRE**

**AHRI COMMERCIAL REFRIGERATED DISPLAY MERCHANDISERS AND STORAGE CABINET CERTIFICATION PROGRAM**

Participant (Company) Name:

Test Facility Address:

Brand Name(s) to be Tested in Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following personnel are directly responsible for conducting the testing that will be witnessed at the

Participant’s test facility in accordance with the AHRI Commercial Refrigerated Display Merchandisers and Storage Cabinets Certification Program:

1. Name (Primary)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Responsibility for Certification Testing:

1. Name (Alternate)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Responsibility for Certification Testing:

Submitted by:

Signature: Title:

Printed Name: Date:

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