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| **ahri_cert_www** | **FORM ACCL-PC6**  **ACCL THIRD-PARTY LABORATORY APPROVAL PROCEDURE AND CHECKLIST FOR IN-HOUSE TESTING**  **AHRI CERTIFICATION PROGRAM FOR AIR-COOLED WATER-CHILLING PACKAGES USING THE VAPOR COMPRESSION CYCLE** |

**Third Party Laboratory:**

**Date of Review:**

**Results:**

Instructions to AHRI Representatives: The following Third-Party Laboratory (Laboratory) Approval Procedure and Checklist is to be used by the AHRI Representative to document the suitability of the third-party laboratory to conduct tests for the Air-Cooled (ACCL) Water Chilling Packages Certification Program at a Laboratory’s Test Stand (Test Stand).

This Third-Party Lab Approval Procedure and Checklist is to be used in conjunction with the AHRI General Operations Manual (OM) for AHRI Certification Programs, the ACCL OM and the latest edition of AHRI Standard 550/590 (I-P), AHRI Standard 551/591 (SI) or EN Standards 14511 and 14825 (Standard). Where the AHRI General OM, the ACCL OM and this In-house Test Procedure and Checklist differ, the other documents shall prevail. The completed checklist shall be maintained by AHRI upon the completion of the review.

If the Third-Party Laboratory fails to comply with the conditions listed below:

* Notify AHRI
* Notify Third-Party Laboratory

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| **Representative initials** | **data point (if applicable)** |  |

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| **Pre-Visit: Third-Party Approval for In-House Testing** | | |
|  |  | Provide documentation of the following: |
|  |  | 1. ISO Standard 17025 accreditation |
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|  |  | 1. Sample test reports 2. Participant’s name and contact information 3. Witness test report number 4. Unit model number 5. Trade name 6. Compressor type 7. Unit type (water-cooled or air-cooled) 8. Refrigerant 9. Volts 10. Frequency 11. Serial number 12. Date(s) of test 13. Summary of certified ratings including certified and measured values, rating ratio (%) and results of test 14. Name of specific test loop on which test is conducted 15. Summary of test observations and recommendations |
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|  |  | Review documentation to confirm technical competency to the Standard |

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| **Representative initials** | **data point (if applicable)** |  |

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| **Day of Visit: Third-Party Approval for In-House Testing** | | |
|  |  | Upon arrival, request a brief meeting of the involved parties to review the following information:   1. Safety rules at the site 2. Instrumentation List Calibration Summary Sheet (to be placed in the project file) |
|  |  | Demonstrate ability to develop, publish, and administer a testing schedule that allows all selected equipment to be tested within the calendar year |
|  |  | Demonstrate required web-based tracking system |
|  |  | Calibration program   * Record keeping system * Traceability |
|  |  | ACCL Test Stand Approval – refer to Test Stand Approval Procedure and Checklist of Third-Party Laboratory |
|  |  | Proper equipment for handling of test samples is available |
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| **This checklist & all supporting documents have been reviewed & approved by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINTED NAME OF REPRESENTATIVE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE OF REPRESENTATIVE  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE |