



Australian Government

GEMS Regulator

GREENHOUSE & ENERGY  
**MINIMUM  
STANDARDS  
REGULATOR**

## **ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS**

### **AIR CONDITIONERS**

### **AUSTRALIA**

### **Per Greenhouse and Energy Minimum Standards (Air Conditioners above 65kW) Determination 2022**

### **SEER Non-Multi Split Air Conditioners Above 65kW**

**March 2022**

This form is designed for applicants' internal use only, not for submitting applications to the Australian or New Zealand Regulator.

All applications for product registration must be submitted to the appropriate Regulator via the Energy Rating Product Registration System located at <https://reg.energyrating.gov.au>.

The Regulators cannot accept any applications in hard copy.

Note that this form may be updated from time to time to reflect changes to the Registration System and it is the applicant's responsibility to ensure they are using the latest version.

Any question with a red asterisk (\*) next to it is mandatory.

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## VERSION CONTROL

Revision Date	Version	Summary of Changes
4 March 2022	2.0	New determination. Added “Exemption” fields.
11 January 2021	1.0	Document created/finalised.

**MODELS AND MANUFACTURER**

**Product Model Information**

Fill in one of the two boxes below, depending on if the product being registered is a single model or a family of models.

For multi-split registrations, enter the model number of the outdoor unit.

FOR SINGLE MODELS

Model Number:\* \_\_\_\_\_ Brand:\* \_\_\_\_\_

FOR FAMILY OF MODELS

What is the family name of the models covered by this application?\*

\_\_\_\_\_

Please provide details for each model covered by this registration, if it is a family of models:

*Note: There is a limit of 10 model number(s) for the determination: Greenhouse and Energy Minimum Standards (Air Conditioners above 65kW) Determination 2022.*

<p><b>#1</b> Model Number:* _____ Brand:* _____</p>	<p><b>#2</b> Model Number:* _____ Brand:* _____</p>
<p><b>#3</b> Model Number:* _____ Brand:* _____</p>	<p><b>#4</b> Model Number:* _____ Brand:* _____</p>
<p><b>#5</b> Model Number:* _____ Brand:* _____</p>	<p><b>#6</b> Model Number:* _____ Brand:* _____</p>
<p><b>#7</b> Model Number:* _____ Brand:* _____</p>	<p><b>#8</b> Model Number:* _____ Brand:* _____</p>
<p><b>#9</b> Model Number:* _____ Brand:* _____</p>	<p><b>#10</b> Model Number:* _____ Brand:* _____</p>

## Manufacturing Information

Tick if the product is manufactured in-house

Please provide the following information on the manufacturer if the product is not manufactured in-house. Additional fields are included if there are more than one manufacturer for this product.

Manufacturer Name:\* \_\_\_\_\_

Manufacturer ABN or Company Number:\* \_\_\_\_\_

Name of Contact Person:\* \_\_\_\_\_

Company Phone:\* \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Email:\* \_\_\_\_\_ Company Website: \_\_\_\_\_

Street Address:\* \_\_\_\_\_

Suburb/Region:\* \_\_\_\_\_ Postal Code:\* \_\_\_\_\_ State/Region: \_\_\_\_\_

Country:\* \_\_\_\_\_

Is the postal address the same as the street address?\*

Yes  
 No

*If you have ticked No, please complete the postal address fields below:*

Postal Address:\* \_\_\_\_\_

Suburb/Region:\* \_\_\_\_\_ Postal Code:\* \_\_\_\_\_ State/Region: \_\_\_\_\_

Country:\* \_\_\_\_\_

### Second Manufacturer

If applicable, who is the second manufacturer?

Manufacturer Name:\* \_\_\_\_\_

Manufacturer ABN or Company Number:\* \_\_\_\_\_

Name of Contact Person:\* \_\_\_\_\_

Company Phone:\* \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Email:\* \_\_\_\_\_ Company Website: \_\_\_\_\_

Street Address:\* \_\_\_\_\_

Suburb/Region:\* \_\_\_\_\_ Postal Code:\* \_\_\_\_\_ State/Region: \_\_\_\_\_

Country:\* \_\_\_\_\_

OFFICIAL: SENSITIVE

Is the postal address the same as the street address?\*

Yes  
 No

*If you have ticked No, please complete the postal address fields below:*

Postal Address:\* \_\_\_\_\_

Suburb/Region:\* \_\_\_\_\_ Postal Code:\* \_\_\_\_\_ State/Region: \_\_\_\_\_

Country:\* \_\_\_\_\_

Third Manufacturer

If applicable, who is the third manufacturer?

Manufacturer Name:\* \_\_\_\_\_

Manufacturer ABN or Company Number:\* \_\_\_\_\_

Name of Contact Person:\* \_\_\_\_\_

Company Phone:\* \_\_\_\_\_ Company Fax: \_\_\_\_\_

Company Email:\* \_\_\_\_\_ Company Website: \_\_\_\_\_

Street Address:\* \_\_\_\_\_

Suburb/Region:\* \_\_\_\_\_ Postal Code:\* \_\_\_\_\_ State/Region: \_\_\_\_\_

Country:\* \_\_\_\_\_

Is the postal address the same as the street address?\*

Yes  
 No

*If you have ticked No, please complete the postal address fields below:*

Postal Address:\* \_\_\_\_\_

Suburb/Region:\* \_\_\_\_\_ Postal Code:\* \_\_\_\_\_ State/Region: \_\_\_\_\_

Country:\* \_\_\_\_\_

In what country/countries is this product manufactured?\*

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

**Sale Information**

In what country/countries will this product be sold?\* (please tick one or both, if required)

- Australia
- New Zealand

When will this product be (or when was this product) first available for purchase?\* (please specify exact date)

\_\_\_\_\_

**LABS & TEST REPORTS**

Is a test report provided?\*

- Yes – a test report is provided (please ensure test report is provided with this form)
- No – no test report provided, but a summary report is provided

What test standard was used?\* (please tick one)

- AS/NZS 3823.1.1:2012
- AS/NZS 3823.1.2:2012
- Simulation
- AHRI Certification
- Eurovent Certification
- International or Regional Standard

*If you ticked 'International or Regional Standard' please answer the following question:*  
Please specify the international or regional standard:  
\_\_\_\_\_

Which laboratory performed the testing?\* - please provide name of laboratory, type of lab (independent or own lab), and street and/or postal address.

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

*Please provide details for each test report, if multiple test reports are provided.*

Test Report Number:\* \_\_\_\_\_

Report Signatory:\* \_\_\_\_\_

Test Date:\* \_\_\_\_\_

Test Unit Serial Number:\* \_\_\_\_\_

Comments regarding the product, the test procedure or test results that should be taken into account when assessing the product for compliance:

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

**EXEMPTION**

Has an exemption from MEPS performance for this model been granted by the GEMS Regulator? (please tick one)  Yes  No

*If you ticked yes, please answer the question below:*

Did your exemption approval letter exempt your registration from payment? (please tick one)  Yes  No

*Please attach the approval letter to this form so it can be uploaded into the system.\**



**APPLICATION DETAILS**

Is this a split system? (please tick one)  Yes  No

Indoor air distribution:\* (please tick one)  Ducted  Non-ducted

Power supply:\* (please tick one)  Single-phase  Three-phase

*If this is a split system, please provide details for each model*

Brand name:*	_____
Model number (system name):*	_____
Indoor unit model number:*	_____
Outdoor unit model number:*	_____
Brand name:*	_____
Model number (system name):*	_____
Indoor unit model number:*	_____
Outdoor unit model number:*	_____
Brand name:*	_____
Model number (system name):*	_____
Indoor unit model number:*	_____
Outdoor unit model number:*	_____
Brand name:*	_____
Model number (system name):*	_____
Indoor unit model number:*	_____
Outdoor unit model number:*	_____

## APPLIANCE DETAILS

Air conditioner type:\* (please tick one)  Cooling only  Reverse cycle  Heating only

Refrigerant:\* (please tick one)

- |                                       |                               |                                    |  |                               |                                |
|---------------------------------------|-------------------------------|------------------------------------|--|-------------------------------|--------------------------------|
| <input type="checkbox"/> R152A        | <input type="checkbox"/> R114 | <input type="checkbox"/> R502      | <input type="checkbox"/> R134          | <input type="checkbox"/> R32  | <input type="checkbox"/> R123  |
| <input type="checkbox"/> R124         | <input type="checkbox"/> R22  | <input type="checkbox"/> R143A     | <input type="checkbox"/> R407 (A or C) | <input type="checkbox"/> R290 | <input type="checkbox"/> R410A |
| <input type="checkbox"/> R3212560     | <input type="checkbox"/> R507 | <input type="checkbox"/> R14312555 | <input type="checkbox"/> R404          | <input type="checkbox"/> R125 | <input type="checkbox"/> R404A |
| <input type="checkbox"/> R407C        |                               |                                    |  |                               |                                |
| <input type="checkbox"/> Other: _____ |                               |                                    |  |                               |                                |

Type:\* (please tick one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Window/wall       | <input type="checkbox"/> Single split system                | <input type="checkbox"/> Double/triple split system     |
| <input type="checkbox"/> Outdoor unit only | <input type="checkbox"/> Unitary double duct – wall mounted | <input type="checkbox"/> Unitary double duct - portable |
| <input type="checkbox"/> Packaged          |   |   |

*If your model is a non-ducted split system, please answer the following question:*

Non-ducted split system indoor unit mounting:

- |  |   |  |                                   |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Wall-hung     | <input type="checkbox"/> Under ceiling  | <input type="checkbox"/> Floor mounted | <input type="checkbox"/> Cassette |
| <input type="checkbox"/> Floor/Ceiling | <input type="checkbox"/> Portable split | <input type="checkbox"/> Packaged      |                                   |

Heat source (heating):\* (please tick one)  Air

Heat source (cooling):\* (please tick one)  Air

Does this product use any form of solar boosting as defined in the Determination?\*  Yes  No

Does the air conditioner contain a circumvention device that alters the operation during an energy test but that is not normally activated during normal use?\*  Yes  No

Does this air conditioner have variable output capacity as per AS/NZS 3823.4?\*  Yes  No

*If you ticked yes to variable output capacity, please answer the following question:*

How is variable output contained? (as per AS/NZS 3823.4) (please tick one)

- Two-stage  
 Multi-stage (i.e. varied by 3 or 4 steps)  
 Variable (i.e. varied by 5 or more steps)

*If you ticked 'Variable', please answer the following question:*

Type of variable output compressor: (please tick one)

- Inverter  Digital scroll  Other: \_\_\_\_\_

OFFICIAL: SENSITIVE

Would you like to rate this air conditioner as a fixed speed product as per AS/NZS 3823.4?  Yes  
 No

*If you selected 'unitary double duct – portable' under Type, please answer the following question:*

Does this air conditioner have a supplementary water tank and use a supplementary water evaporation feature that meets the requirements of AS/NZS 3823.1.5:2015, Appendix B?\*  Yes  No

*If you ticked yes to the previous question, please answer the following questions:*

How long does the water tank last for rating purposes?\* \_\_\_\_\_ minutes

Does the air conditioner turn off once the supplementary water tank is empty?\*  Yes  No

*If you ticked 'Reverse cycle' or 'Heating only' under Air Conditioner Type, please answer the following question:*

Are you only providing H1 test results for the heating tests (i.e. no HSPF test results)?  Yes  No

## **TEST RESULTS**

Please attach a test plan showing test unit configuration and piping configuration and lengths to this document.\*

Test room type for the H2/H3 heating test: (please tick one)

- Enthalpy test room
- Calorimeter test (6 hours or 6 complete defrost cycles)
- Shortened calorimeter room test (3 complete defrost cycles)
- Not applicable

Test type for other test points:\* (please tick one)

- Calorimeter
- Enthalpy test room
- Simulation test
- Certification

*If you ticked 'Simulation test' or 'Certification', please answer the following question:*

*NOTE: The GEMS Regulator must authorise the use of any simulation software prior to it being used for this purpose.*

Simulation Test Software / Certification Program name: \_\_\_\_\_  
\_\_\_\_\_

*Please provide the following details about each test unit:*

### Test unit #1

Serial number (indoor):\* \_\_\_\_\_

Serial number (outdoor):\* \_\_\_\_\_  
(if relevant)

Test date:\* \_\_\_\_\_

### Test unit #2

Serial number (indoor):\* \_\_\_\_\_

Serial number (outdoor):\* \_\_\_\_\_  
(if relevant)

Test date:\* \_\_\_\_\_

### Test unit #3

Serial number (indoor):\* \_\_\_\_\_

Serial number (outdoor):\* \_\_\_\_\_  
(if relevant)

Test date:\* \_\_\_\_\_

OFFICIAL: SENSITIVE

Test unit #4

Serial number (indoor):\* \_\_\_\_\_

Serial number (outdoor):\* \_\_\_\_\_  
(if relevant)

Test date:\* \_\_\_\_\_

Test unit #5

Serial number (indoor):\* \_\_\_\_\_

Serial number (outdoor):\* \_\_\_\_\_  
(if relevant)

Test date:\* \_\_\_\_\_

Average tested voltage of indoor unit:\* \_\_\_\_\_ V

Average tested voltage of outdoor unit:\* \_\_\_\_\_ V  
(only required to be completed if model is a split system)

Tested frequency of indoor unit:\* \_\_\_\_\_ Hz

Tested frequency of outdoor unit:\* \_\_\_\_\_ Hz  
(only required to be completed if model is a split system)

## COOLING TEST RESULTS

You only need to complete this section if your air conditioner is 'cooling only' or 'reverse cycle'.

<u>Cooling power at Standard Cooling Capacity (T1):</u>	
Rated effective power input:*	_____ W
Tested cooling power input:*	_____ W

<u>Total cooling capacity at Standard Cooling Capacity (T1):</u>	
Rated sensible cooling capacity:*	_____ W
Rated dehumidifying effect:*	_____ W
Tested total cooling capacity:*	_____ W

*You only need to complete this question if the model is a portable double duct and there is a supplementary water tank.*

<u>Cooling power at Standard Cooling Capacity (T1) (With Supplementary Water):</u>	
Rated effective power input:*	_____ W
Tested cooling power input:*	_____ W

*You only need to complete this question if the model is a portable double duct and there is a supplementary water tank.*

<u>Total cooling capacity at Standard Cooling Capacity (T1) (With Supplementary Water):</u>	
Rated total cooling capacity:*	_____ W
Tested total cooling capacity:*	_____ W

<u>Half capacity at the Standard Cooling Capacity test (T1):</u>	
Do you have tested values for the half capacity test at the standard cooling capacity test conditions (T1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you ticked 'Yes' please answer the following questions:</i>	
Rated effective power input:*	_____ W
Tested effective power input:*	_____ W
Rated total cooling capacity:*	_____ W
Tested total cooling capacity:*	_____ W

OFFICIAL: SENSITIVE

Minimum capacity at the Standard Cooling Capacity test (T1):

Do you have tested values for the minimum capacity at the standard cooling capacity test conditions (T1)?  Yes  No

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested effective power input:\* \_\_\_\_\_ W

Rated total cooling capacity:\* \_\_\_\_\_ W

Tested total cooling capacity:\* \_\_\_\_\_ W

Full capacity at the low temperature test:

Do you have tested values for full capacity at the low temperature cooling capacity test conditions?  Yes  No

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested effective power input:\* \_\_\_\_\_ W

Rated total cooling capacity:\* \_\_\_\_\_ W

Tested total cooling capacity:\* \_\_\_\_\_ W

Half capacity at the low temperature test:

Do you have tested values for half capacity at the low temperature cooling capacity test conditions?  Yes  No

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested effective power input:\* \_\_\_\_\_ W

Rated total cooling capacity:\* \_\_\_\_\_ W

Tested total cooling capacity:\* \_\_\_\_\_ W

Minimum cooling capacity at the Low Temperature test:

Do you have tested values for minimum capacity at the low temperature cooling capacity test conditions?  Yes  No

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested effective power input:\* \_\_\_\_\_ W

Rated total cooling capacity:\* \_\_\_\_\_ W

Tested total cooling capacity:\* \_\_\_\_\_ W

Does this air conditioner rely on part load compliance to meet the cooling MEPS?\*  Yes  No

OFFICIAL: SENSITIVE

*If you ticked 'Yes' to the question above, please answer the following question:*

Will you use the half capacity test to meet MEPS?\*

Yes  No

*If you ticked 'No' to the question above, please answer the following questions:*

Indicate the percentage of rated capacity used to verify MEPS:\* \_\_\_\_\_ %

Tested cooling power input used to verify MEPS compliance:\* \_\_\_\_\_ W

Indicate method of obtaining this part load capacity:\* \_\_\_\_\_

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

Does the air-cooled condenser evaporate the condensate?\*

Yes  
 No

Indicate fan and any other settings for determination of rated capacity:\*

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

Air flow rate:\* \_\_\_\_\_ m<sup>3</sup>/s  
*(only required to be completed if it is a 'ducted' model)*

Was the unit tested with an air filter fitted?\*

*(Only required to be completed if you ticked 'ducted' or 'both' for Indoor Air Distribution on the Appliance Details page)*

Yes  
 No

Static pressure:\* \_\_\_\_\_ Pa  
*(only required to be completed if it is a 'ducted' model)*

Indicate method of obtaining fixed output on air conditioners with variable output capacity:\* *(Only required to be completed for models with variable output capacity)*

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

Average true power factor for the cooling test:\* \_\_\_\_\_



## HEATING TEST RESULTS

You only need to complete this section if your air conditioner is 'heating only' or 'reverse cycle'.

Does this model incorporate electric resistance heating?\*

Yes  
 No

Heating power at standard heating capacity (H1):

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Heating capacity at standard heating capacity (H1):

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Half capacity at standard heating capacity test conditions (H1):

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Minimum capacity at the standard heating capacity test conditions (H1):

Do you have tested values for the minimum capacity at the standard heating capacity test conditions (H1)?

Yes

No

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested total heating capacity:\* \_\_\_\_\_ W

OFFICIAL: SENSITIVE

Extended capacity at low temperature heating capacity test conditions (H2)

Yes  No

Is this air conditioner capable of heating at extended-load operation for the low temperature heating capacity test (H2)?

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Full capacity at low temperature heating capacity test conditions (H2)

Yes  No

Do you have tested values for full capacity at the low temperature heating capacity test conditions (H2)?

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Half capacity at low temperature heating capacity test conditions (H2)

Yes  No

Do you have tested values for half capacity at the low temperature heating capacity test conditions (H2)?

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Minimum capacity at low temperature heating capacity test conditions (H2)

Yes  No

Do you have tested values for minimum capacity at the low temperature heating capacity test conditions (H2)?

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

OFFICIAL: SENSITIVE

Extended capacity at extra-low temperature heating capacity test conditions (H3)

Yes

No

Do you have tested values for extended capacity at the extra-low temperature heating capacity test conditions (H3)?

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Full capacity at extra-low temperature heating capacity test conditions (H3)

Yes

No

Do you have tested values for full capacity at the extra-low temperature heating capacity test conditions (H3)?

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Half capacity at extra-low temperature heating capacity test conditions (H3)

Yes

No

Do you have tested values for half capacity at the extra-low temperature heating capacity test conditions (H3)?

*If you ticked 'Yes' please answer the following questions:*

Rated effective power input:\* \_\_\_\_\_ W

Tested heating power input:\* \_\_\_\_\_ W

Rated total heating capacity:\* \_\_\_\_\_ W

Tested heating capacity:\* \_\_\_\_\_ W

Does this air conditioner rely on part load compliance to meet the heating MEPS?\*

Yes

No

OFFICIAL: SENSITIVE

*If you ticked 'Yes' to the question above, please answer the following question:*

Will you use the half capacity H1 test to meet MEPS?\*  Yes  No

*If you ticked 'No' to the question above, please answer the following questions:*

Indicate the percentage of rated capacity used to verify MEPS.\* \_\_\_\_\_ %

Tested heating power input used to verify MEPS compliance.\* \_\_\_\_\_ W

Indicate method of obtaining this part load capacity.\* \_\_\_\_\_

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

Indicate fan and any other settings for determination of rated capacity.\*

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

Air flow rate:\* \_\_\_\_\_ m<sup>3</sup>/s  
*(only required to be completed if it is a 'ducted' model)*

Static pressure:\* \_\_\_\_\_ Pa  
*(only required to be completed if it is a 'ducted' model)*

Indicate method of obtaining fixed output on air conditioners with variable output capacities: *(Only required to be completed for models with variable output capacity)*

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

Average true power factor for the heating test:\* \_\_\_\_\_

## **RESULTS AT RATED CAPACITY**

Inactive energy use at 5 Degrees Celsius:\* \_\_\_\_\_ W

Inactive energy use at 10 Degrees Celsius:\* \_\_\_\_\_ W

Inactive energy use at 15 Degrees Celsius:\* \_\_\_\_\_ W

Inactive energy use at 20 Degrees Celsius:\* \_\_\_\_\_ W

## **DECLARATION FOR DEMAND RESPONSE CAPABILITY**

Does the model have a demand response capability?

Yes  
 No

*If you ticked yes to demand response capability, please answer the following question:*

Which standard does the equipment meet?

- Unknown  
 AS/NZS 4755.3.1:2012  
 AS/NZS 4755.3.1:2014

## **MEPS COMPLIANCE**

Does this product meet all of the required minimum performance standards?\*

Yes  
 No