

OFFICIAL: SENSITIVE



Australian Government
GEMS Regulator

GREENHOUSE & ENERGY
**MINIMUM
STANDARDS
REGULATOR**

ENERGY RATING PRODUCT REGISTRATION SYSTEM PRODUCT APPLICATION QUESTIONS

HOUSEHOLD REFRIGERATOR FREEZERS

AUSTRALIA

Per Greenhouse and Energy Minimum Standards (Household Refrigerating Appliances) Determination 2019

February 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.

CONTENTS

VERSION CONTROL	2
MODELS AND MANUFACTURER	3
Product Model Information	3
Manufacturing Information.....	4
Sale Information.....	6
LABS & TEST REPORTS	7
EXEMPTION	8
APPLIANCE DETAILS	9
COMPARTMENTS	10
DEFROST SYSTEMS	15
SUMMARY OF CONTROLS	20
TEST RESULTS	23
AUTOMATIC ICE-MAKER	29
LABEL VALUES	29

VERSION CONTROL

Revision Date	Version	Summary of Changes
8 February 2022	1.3	“Exemption” fields added. Accessibility improved. Branding updated. Updated sub-compartment and test results questions .
11 January 2021	1.2	Minor change to instructions around test units and reformatting for GEMS branding.
3 February 2020	1.1	Removed DoEE logo for MoG changes – no change to content.
30 August 2019	1.0	Document finalised.
13 August 2019	0.1	Initial document created.

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 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:

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

OFFICIAL: SENSITIVE

How can the date of manufacture be determined from permanent markings on the appliance?* - Please tick accordingly and if required, provide further information

From a date permanently marked on the rating plate in a non-encrypted format

Provide an example of the date format:

From a date permanently marked on the rating plate in an encrypted format

Describe how the date of manufacture can be determined from the markings on the appliance:

From another form of permanent marking on the product

Describe how the date of manufacture can be determined from the markings on the appliance:

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)

If you ticked yes, please answer the questions below:

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

IEC 62552-3:2015

AS/NZS IEC 62552.3:2018

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:* _____

No - no test report available but registration details containing test relevant to this product provided

If you ticked 'no test report available, but registration details provided', please answer the question below:

Registration number of the unit whose test forms the basis of this application:*

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.**

APPLIANCE DETAILS

Can this product be configured to operate as more than one group?* Yes No

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

Is this an application for the appliance's primary (highest energy configuration) registration?* Yes No

If you ticked no to the previous question, please answer the following question:

Enter the appliance's existing primary registration number: _____

Designation:* (please tick one)

Cooled appliance Freezer Refrigerator Refrigerator/Freezer

Configuration:* (please tick one) Chest Side-by-side Upright

Group as defined in AS/NZS 4474:2018:* (please tick one)

- 1. Refrigerator without a low temperature compartment, automatic defrost
- 2. Refrigerator with or without a one-star compartment, manual defrost
- 3. Refrigerator with a two-star compartment, manual defrost
- 4. Refrigerator-freezer, fresh food compartment is cyclic defrost, freezer is manual defrost
- 5S: Refrigerator-freezer, all compartments automatic defrost, side-by-side
- 5B: Refrigerator-freezer, all compartments automatic defrost, bottom freezer
- 5T: Refrigerator-freezer, all compartments automatic defrost
- 6C: Chest freezer, any defrost type
- 6U: Vertical freezer, manual defrost
- 7: Vertical freezer, automatic defrost

Is the appliance a built-in type and is the corresponding allowance being claimed in accordance with AS/NZS 4474:2018 Clause 1.6.3?* Yes No

Is a compact MEPS level allowance being claimed? (an allowance can be claimed if the appliance has a small footprint in accordance with AS/NZS 4474:2018 Clauses 1.6.6 and 4.2.4.3)?* Yes No

Is the appliance's compressor controlled by an inverter? Yes No

Appliance Dimensions: Width: _____ mm Height: _____ mm Depth: _____ mm
(The 'Appliance Dimensions' questions are optional, unless you are claiming a compact MEPS allowance and/or you have stated that your product is a built-in type.)

COMPARTMENTS

Please provide details for each compartment – add additional pages if required.

Compartment #1

Type:* (please tick one)

- Pantry Wine Storage Cellar Fresh Food Chill Zero-star
 One-star Two-star Freezer (three-star and four-star)

Please answer the following question if your appliance has variable compartments

Is this a variable compartment?* Yes No

If you indicated that this is a variable compartment, please answer the following question:

Has this compartment been set to its highest energy configuration for this test?* Yes No

Defrost system:* (please tick one) Frost free Cyclic defrost Manual defrost

IEC Volume:* _____ L

Is it a sub-compartment or a two-star section within a freezer compartment?* Yes No

If you ticked 'No' to the previous question, please answer the following question:

How many external doors does it have?* _____

OFFICIAL: SENSITIVE

Compartment #2

Type:* (please tick one)

- Pantry Wine Storage Cellar Fresh Food Chill Zero-star
 One-star Two-star Freezer (three-star and four-star)

Please answer the following question if your appliance has variable compartments

Is this a variable compartment?* Yes No

If you indicated that this is a variable compartment, please answer the following question:

Has this compartment been set to its highest energy configuration for this test?* Yes No

Defrost system:* (please tick one) Frost free Cyclic defrost Manual defrost

IEC Volume:* _____ L

Is it a sub-compartment or a two-star section within a freezer compartment?* Yes No

If you ticked 'No' to the previous question, please answer the following question:

How many external doors does it have?* _____

OFFICIAL: SENSITIVE

Compartment #3

Type:* (please tick one)

- Pantry Wine Storage Cellar Fresh Food Chill Zero-star
 One-star Two-star Freezer (three-star and four-star)

Please answer the following question if your appliance has variable compartments

Is this a variable compartment?* Yes No

If you indicated that this is a variable compartment, please answer the following question:

Has this compartment been set to its highest energy configuration for this test?* Yes No

Defrost system:* (please tick one) Frost free Cyclic defrost Manual defrost

IEC Volume:* _____ L

Is it a sub-compartment or a two-star section within a freezer compartment?* Yes No

If you ticked 'No' to the previous question, please answer the following question:

How many external doors does it have?* _____

OFFICIAL: SENSITIVE

Compartment #4

Type:* (please tick one)

- Pantry Wine Storage Cellar Fresh Food Chill Zero-star
 One-star Two-star Freezer (three-star and four-star)

Please answer the following question if your appliance has variable compartments

Is this a variable compartment?* Yes No

If you indicated that this is a variable compartment, please answer the following question:

Has this compartment been set to its highest energy configuration for this test?* Yes No

Defrost system:* (please tick one) Frost free Cyclic defrost Manual defrost

IEC Volume:* _____ L

Is it a sub-compartment or a two-star section within a freezer compartment?* Yes No

If you ticked 'No' to the previous question, please answer the following question:

How many external doors does it have?* _____

OFFICIAL: SENSITIVE

Compartment #5

Type:* (please tick one)

- Pantry Wine Storage Cellar Fresh Food Chill Zero-star
 One-star Two-star Freezer (three-star and four-star)

Please answer the following question if your appliance has variable compartments

Is this a variable compartment?* Yes No

If you indicated that this is a variable compartment, please answer the following question:

Has this compartment been set to its highest energy configuration for this test?* Yes No

Defrost system:* (please tick one) Frost free Cyclic defrost Manual defrost

IEC Volume:* _____ L

Is it a sub-compartment or a two-star section within a freezer compartment?* Yes No

If you ticked 'No' to the previous question, please answer the following question:

How many external doors does it have?* _____

DEFROST SYSTEMS

You only need to complete this page if your product contains a frost-free or cyclic defrost system.

How many defrost systems with its own defrost control cycle does the appliance have?* _____

Defrost systems – please provide primary defrost system first

Defrost System #1

Select the type of defrost system controller:*

- | | |
|--|---|
| <input type="checkbox"/> Fixed time controller | <input type="checkbox"/> Compressor run-time controller |
| <input type="checkbox"/> Variable defrost controller | <input type="checkbox"/> Demand defrost |

What is the representative incremental energy for defrost and recovery at 16°C ambient?* _____ Wh

What is the representative incremental energy for defrost and recovery at 32°C ambient?* _____ Wh

Enter the time between defrost events for this defrost system:* _____ h
(You only need to complete this question if you selected “Fixed time controller” as the type of defrost system controller.)

Enter the compressor run-time between defrost events for this defrost system:* _____ h
(You only need to complete this question if you selected “Compressor run-time controller” as the type of defrost system controller.)

Maximum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer:* _____ h
(You only need to complete this question if you selected “Variable defrost controller” as the type of defrost system controller.)

Minimum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer:* _____ h
(You only need to complete this question if you selected “Variable defrost controller” as the type of defrost system controller.)

Enter information on how the thickness of frost is directly measured for this defrost system*
(You only need to complete this question if you selected “Demand defrost” as the type of defrost system controller.)

OFFICIAL: SENSITIVE

Defrost System #2

Select the type of defrost system controller:*

- Fixed time controller
- Variable defrost controller
- Compressor run-time controller
- Demand defrost

What is the representative incremental energy for defrost and recovery at 16°C ambient?*

_____ Wh

What is the representative incremental energy for defrost and recovery at 32°C ambient?*

_____ Wh

Enter the time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Fixed time controller" as the type of defrost system controller.)

Enter the compressor run-time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Compressor run-time controller" as the type of defrost system controller.)

Maximum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Minimum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Enter information on how the thickness of frost is directly measured for this defrost system *

(You only need to complete this question if you selected "Demand defrost" as the type of defrost system controller.)

OFFICIAL: SENSITIVE

Defrost System #3

Select the type of defrost system controller:*

- Fixed time controller
- Variable defrost controller
- Compressor run-time controller
- Demand defrost

What is the representative incremental energy for defrost and recovery at 16°C ambient?*

_____ Wh

What is the representative incremental energy for defrost and recovery at 32°C ambient?*

_____ Wh

Enter the time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Fixed time controller" as the type of defrost system controller.)

Enter the compressor run-time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Compressor run-time controller" as the type of defrost system controller.)

Maximum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Minimum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Enter information on how the thickness of frost is directly measured for this defrost system *

(You only need to complete this question if you selected "Demand defrost" as the type of defrost system controller.)

OFFICIAL: SENSITIVE

Defrost System #4

Select the type of defrost system controller:*

- Fixed time controller
- Variable defrost controller
- Compressor run-time controller
- Demand defrost

What is the representative incremental energy for defrost and recovery at 16°C ambient?*

_____ Wh

What is the representative incremental energy for defrost and recovery at 32°C ambient?*

_____ Wh

Enter the time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Fixed time controller" as the type of defrost system controller.)

Enter the compressor run-time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Compressor run-time controller" as the type of defrost system controller.)

Maximum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Minimum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Enter information on how the thickness of frost is directly measured for this defrost system *

(You only need to complete this question if you selected "Demand defrost" as the type of defrost system controller.)

OFFICIAL: SENSITIVE

Defrost System #5

Select the type of defrost system controller:*

- Fixed time controller
- Variable defrost controller
- Compressor run-time controller
- Demand defrost

What is the representative incremental energy for defrost and recovery at 16°C ambient?*

_____ Wh

What is the representative incremental energy for defrost and recovery at 32°C ambient?*

_____ Wh

Enter the time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Fixed time controller" as the type of defrost system controller.)

Enter the compressor run-time between defrost events for this defrost system: * _____ h

(You only need to complete this question if you selected "Compressor run-time controller" as the type of defrost system controller.)

Maximum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Minimum possible defrost interval at an ambient temperature of 32°C as specified by the manufacturer: * _____ h

(You only need to complete this question if you selected "Variable defrost controller" as the type of defrost system controller.)

Enter information on how the thickness of frost is directly measured for this defrost system *

(You only need to complete this question if you selected "Demand defrost" as the type of defrost system controller.)

SUMMARY OF CONTROLS

Does the appliance have a low temperature ambient condensation heater?* Yes No
You only need to complete this first question if your product is in Group 2, 3 4, 5T, 5B or 5S.

Does the appliance have an automatically controlled anti-condensation heater that is affected by ambient conditions as set out in Clause 2.1 of AS/NZS 4474:2018?* Yes No

If you ticked yes to the appliance having an anti-condensation heater, please answer the following questions:

How is the heater controlled?*

Temperature only Temperature and Humidity Humidity only

Under which conditions will heater power be at maximum?*

If you ticked Temperature only in the previous question, please answer the following question/s:

State the average heater power at the following conditions:

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

OFFICIAL: SENSITIVE

If you ticked Temperature and Humidity, please answer the following question/s:

State the average heater power at the following conditions:

Relative humidity 0-10%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 11-20%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 21-30%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 31-40%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 41-50%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 51-60%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 61-70%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 71-80%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 81-90%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

Relative humidity 91-100%

Ambient 16°C:* _____ W Ambient 22 °C:* _____ W Ambient 32°C:* _____ W

OFFICIAL: SENSITIVE

If you ticked Humidity only, please answer the following question/s:

State the average heater power at the following conditions:

0-10%:* _____ W	11-20%:* _____ W
21-30%:* _____ W	31-40%:* _____ W
41-50%:* _____ W	51-60%:* _____ W
61-70%:* _____ W	71-80%:* _____ W
81-90%:* _____ W	91-100%:* _____ W

Provide instructions for how the heater can be disabled during testing, or, if the heater cannot be disabled, describe how the average heater power can be measured.*

Confirm that the values provided are based on data certified by the product manufacturer and that you hold a copy and can provide it upon request* Yes No

Does the product have any additional control that falls within the scope of a declared automatic control?*

Yes - if you ticked Yes, please attach documents that describe the purpose and effect of the control, how the control operates during normal use, whether it is likely to operate during energy testing and how it correctly configure controls during testing.*

No

TEST RESULTS

Has appliance testing been undertaken at the following electricity supply conditions: 230VAC, 50Hz?* Yes No

Please provide details for each test unit (minimum 1):

Test Unit #1

Daily energy consumption for MEPS at 32°C excluding weighting of incremental energy for defrost and recovery:* _____

Defrost interval used to calculate this value:* _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated?* Yes No

If you indicated that this value was interpolated, please answer the question below:
State the interpolation method used:*
 Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 32°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018:* _____

Defrost interval used to calculate this value:* _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated?* Yes No

If you indicated that this value was interpolated, please answer the question below:
State the interpolation method used:*
 Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 16°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018:* _____

Defrost interval used to calculate this value:* _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated?* Yes No

If you indicated that this value was interpolated, please answer the question below:
State the interpolation method used:*
 Linear Triangulation Multi-compartment matrix

OFFICIAL: SENSITIVE

Test Unit #2

Daily energy consumption for MEPS at 32°C excluding weighting of incremental energy for defrost and recovery: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used: *

Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 32°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used: *

Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 16°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used: *

Linear Triangulation Multi-compartment matrix

OFFICIAL: SENSITIVE

Test Unit #3

Daily energy consumption for MEPS at 32°C excluding weighting of incremental energy for defrost and recovery: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:
State the interpolation method used: *
 Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 32°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:
State the interpolation method used: *
 Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 16°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:
State the interpolation method used: *
 Linear Triangulation Multi-compartment matrix

OFFICIAL: SENSITIVE

Test Unit #4

Daily energy consumption for MEPS at 32°C excluding weighting of incremental energy for defrost and recovery: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used: *

Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 32°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used: *

Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 16°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018: * _____

Defrost interval used to calculate this value: * _____
(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated? * Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used: *

Linear Triangulation Multi-compartment matrix

OFFICIAL: SENSITIVE

Test Unit #5

Daily energy consumption for MEPS at 32°C excluding weighting of incremental energy for defrost and recovery:*

Defrost interval used to calculate this value:*

(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated?*

Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used:*

Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 32°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018:*

Defrost interval used to calculate this value:*

(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated?*

Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used:*

Linear Triangulation Multi-compartment matrix

Daily energy consumption for labelling at 16°C including weighting of incremental energy for defrost and recovery as specified in Table 2.2 of AS/NZS 4474:2018:*

Defrost interval used to calculate this value:*

(You only need to complete this question if your product has one or more defrost systems.)

Was this value interpolated?*

Yes No

If you indicated that this value was interpolated, please answer the question below:

State the interpolation method used:*

Linear Triangulation Multi-compartment matrix

OFFICIAL: SENSITIVE

Load Processing Efficiency

Select option to calculate Load Processing Efficiency.*

- Test conducted at 16°C and 32°C ambients
 Test conducted at 32°C ambient only
 No test conducted

Please answer the questions below if you selected 'Test conducted at 16°C and 32°C ambients' above

Enter the measured value at 32°C ambient:* _____

Enter the measured value at 16°C ambient:* _____

Please answer the question below if you selected 'Test conducted at 32°C ambient only' above

Enter the measured value at 32°C ambient:* _____

Please answer the questions below if you selected 'No test conducted' above

Compressor brand:* _____

Compressor model:* _____

Rated cooling output under ASHRAE:* _____ W

Rated power input under ASHRAE:* _____

Rated COP under ASHRAE:* _____ W/W

Is compressor variable speed?* Yes No

State the speed at rated:* _____

(You only need to answer this question if you answered 'Yes' to the compressor variable speed question)

Please attach a copy of the compressor data sheet with this document for upload into the online registration system.

Is the compressor's evaporating temperature -23.3°C and its condensing temperature +54.4 °C?

(You only need to answer this question if your product is in Group 4, 5T, 5B, 5S, 6U, 6C or 7.)

Yes No

Is the compressor's evaporating temperature -15°C and its condensing temperature +54.4 °C? *(You only need to answer this question if your product is in Group 2 or 3.)*

Yes No

Is the compressor's evaporating temperature -10°C and its condensing temperature +54.4 °C? *(You only need to answer this question if your product is in Group 1.)*

Yes No

OFFICIAL: SENSITIVE

Does this appliance comply with Pull Down Performance Requirements of Clause 4.4 of AS/NZS 4474:2018?*

Yes No

Does this appliance comply with the IEC Storage Test Requirements of Clause 4.5 of AS/NZS 4474:2018?*

Yes No

Does this appliance comply with the temperature excursion requirements during defrost and recovery as specified in Clause 4.6 of AS/NZS 4474:2018?*

Yes No

(You only need to answer this question if your product has one or more freezers with a frost free defrost.)

AUTOMATIC ICE-MAKER

Does the appliance contain an automatic ice-maker?*

Yes No

Does the appliance have a through-the-door ice dispenser?*

Yes No

(You only need to answer this question if your product has an automatic ice-maker.)

LABEL VALUES

Comparative energy consumption (CEC):* _____