

# **GREENHOUSE AND ENERGY MINIMUM STANDARDS (GEMS) PRODUCT REGISTRATION APPLICATION QUESTIONS**

## **AIR CONDITIONERS**

### **NEW ZEALAND**

#### **Per [Unitary Single-Duct] (Air Conditioners up to 65kW) 2019**

#### **Unitary Single Duct Air Conditioners Up to, and including, 65kW**

**June 2020**

This form is designed for applicants' internal use only, not for submitting applications to the GEMS Regulator.

All applications for product registration must be submitted to the Regulator via the online registration database located at <https://reg.energyrating.gov.au>.

The Regulator cannot accept any applications in hard copy.

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

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

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## VERSION CONTROL

Revision Date	Version	Summary of Changes
5 June 2020	1.1	Branding updated.
1 October 2019	1.0	Document finalised.
23 September 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:

*Note: There is a limit of 10 model number(s) for the determination: [Unitary Single-Duct] (Air Conditioners up to 65kW) 2019.*

**#1**

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

Brand:\* \_\_\_\_\_

**#2**

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

Brand:\* \_\_\_\_\_

**#3**

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

Brand:\* \_\_\_\_\_

**#4**

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

Brand:\* \_\_\_\_\_

**#5**

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

Brand:\* \_\_\_\_\_

**#6**

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

Brand:\* \_\_\_\_\_

**#7**

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

Brand:\* \_\_\_\_\_

**#8**

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

Brand:\* \_\_\_\_\_

**#9**

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

Brand:\* \_\_\_\_\_

**#10**

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

Brand:\* \_\_\_\_\_

## 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:\* \_\_\_\_\_

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)

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

AS/NZS 3823.1.5:2015

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

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*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:

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## **APPLIANCE DETAILS**

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

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

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)       Portable unitary single duct       Wall mounted unitary single duct

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 contain an inverter driven compressor?\*       Yes  
 No

*If you selected 'Portable unitary single duct' 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

## **TEST RESULTS**

Test room – indoor type used:\* (please tick one)

Calorimeter

Air Enthalpy

Test room – indoor type used:\* (please tick one)

Calorimeter

Air Enthalpy

None

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

Test unit #1

Serial number:\* \_\_\_\_\_

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

Test unit #2

Serial number:\* \_\_\_\_\_

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

Test unit #3

Serial number:\* \_\_\_\_\_

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

Test unit #4

Serial number:\* \_\_\_\_\_

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

Test unit #5

Serial number:\* \_\_\_\_\_

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

Average tested voltage:\* \_\_\_\_\_ V

Tested frequency:\* \_\_\_\_\_ Hz



## **COOLING TEST RESULTS**

Cooling power (With supplementary water):

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

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

Total cooling capacity (With supplementary water):

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

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

Cooling power (Without supplementary water):

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

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

Total cooling capacity (Without supplementary water):

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

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

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

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Indicate method of obtaining fixed output on air conditioners with variable output capacity:\*

*(only required to be answered if this model has an inverter driven compressor)*

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

## **HEATING TEST RESULTS**

Does this model incorporate electric resistance heating?\*

Yes

No

Heating power:

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

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

Heating capacity:

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

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

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

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Indicate method of obtaining fixed output on air conditioners with variable output capacity:\*

*(only required to be answered if this model has an inverter driven compressor)*

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

## **MEPS COMPLIANCE**

What sound test standard are you using?\* (please tick one)

EN 12102:2013

EN 12102-1:2017

Indoor Sound Power Level:\* \_\_\_\_\_ dB(A)

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

Yes

No