



TE TARI TIAKI PŪNGAO
ENERGY EFFICIENCY & CONSERVATION AUTHORITY

Greenhouse and Energy
Minimum Standards Regulator

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

CLOSE CONTROL AIR CONDITIONERS

NEW ZEALAND

Per AS/NZS 4965.2:2008

August 2019

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 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
30 August 2019	1.1	EECA logo updated.
24 March 2017	1.0	Document finalised.
28 February 2017	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:

#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 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 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 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?*

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:

No date mark

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?*

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 kind of test report is provided?* (please tick one)

Physical test report

Simulation test report

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

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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:

APPLIANCE DETAILS

Appliance Dimensions: Width: _____ mm Height: _____ mm Depth: _____ mm

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

Refrigerant:* (please tick one)

R22 R114 R502 R134 R32 R123 R124
 R125 R143A R152A R290 R410A R507 R404
 R407C R3212560 R14312555 Other: _____

A/C configuration:* (please tick one) Room Floor Ceiling

Does this air conditioner have a variable output compressor?* Yes No

TEST REPORT DETAILS

Modelling software used:* (please tick one)

Oakridge software Nil – no modelling software Other: _____

If you ticked 'Oakridge software', please answer the following question:

Oakridge software version:* MK III MK IV MK V

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

Calorimeter – Balanced Ambient Calorimeter – Calibrated Enthalpy test room

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

Calorimeter – Balanced Ambient Calorimeter – Calibrated Enthalpy test room
 Water loop

TEST RESULTS

Rated voltage of tested unit/s

Rated voltage range from:* _____ V to* _____ V

Rated frequency:* _____ Hz

Tested voltage and frequency of tested unit/s

Tested voltage:* _____ V Test frequency:* _____ Hz

Average current

Phase 1: _____ A Phase 2: _____ A Phase 3: _____ A

Stabilisation period: (current) _____ minutes

Test period: _____ minutes

Reading frequency: _____ minutes

Indoor conditions

Mean dry bulb: _____ °C

Maximum variation dry bulb; _____ °C

Mean wet bulb: _____ °C

Maximum variation wet bulb: _____ °C

Stabilisation period: (indoor) _____

Airflow rate:* _____ m³/s

External static pressure:* _____ Pa

Saturated condensing temperature: _____ °C\

Temperature of refrigerant entering the TX device: _____ °C

Cooling capacity

Rated net sensible cooling capacity:* _____ kW

Tested net sensible cooling capacity:* _____ kW

Measured net sensible cooling capacity: _____ kW

Measured net latent cooling capacity: _____ kW

Measured total net cooling capacity: _____ kW

Measured net effective power input: _____ kW

Measured EERS cooling: _____ W/W

Cooling Power

Rated effective power input:* _____ kW

Tested cooling power input:* _____ kW

Discharge

Pressure: _____ kPa

Equivalent temperature: _____ °C

Line temperature: _____ °C

Superheat: _____ K

Liquid/suction line lengths: _____ m

Liquid line temperature: _____ m+

Suction

Pressure: _____ kPa

Equivalent temperature: _____ °C

Line temperature: _____ °C

Power consumption – evaporator fan motor: _____ W

Average power factor for the cooling test:* _____

Does this model have a crankcase heater?* Yes No

Off mode power consumption:* _____ W

Off mode power consumption at 20°C: _____ W
(only needs to be answered if you have ticked that this model has a crankcase heater)

Passive standby power consumption: _____ W

Passive standby power mode description: _____

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

Indicate method of obtaining fixed output on air conditioners with variable output capacity*
(only required if the model has variable output capacity)
