

Name \_\_\_\_\_

Model# \_\_\_\_\_

Job# \_\_\_\_\_

Brand \_\_\_\_\_

Serial # \_\_\_\_\_

Date \_\_\_\_\_

Voltage 208 / 240 / 277 / 460

Refrigerant R-22 / R-410A

Item	Low	Hi
Ref Pres.	_____ / _____	_____ / _____
Sat. Temp.	_____ / _____	_____ / _____
Line Temp	_____ / _____	_____ / _____
SH / SC	_____ / _____	_____ / _____
Outdoor Temp	_____	_____
Return D.B/W.B..	_____ / _____	_____ / _____
Supply D.B/W.B.	_____ / _____	_____ / _____
Indoor R.H./D.P.	_____ / _____	_____ / _____

Amp Draws	RLA	FLA
Condenser Motor	_____	_____
Indoor Blower Motor	_____	_____
Compressor 1	_____	_____
Compressor 2	_____	_____

	RA	SA
Temp Split	_____	_____

Capacitors	Rated	Actual
Condenser Fan Cap	_____	_____
Indoor Blower Cap	_____	_____
Compressor	_____	_____
Control Voltage	_____	_____
Line Voltage	_____	_____
5-2-1	_____	_____
	(Before)	(After)

**Static Presures**

Return	_____ ESP
Supply	_____ ESP
Total	_____ ESP
Filter	_____ ESP

CO PPM @ Burner \_\_\_\_\_ Flue \_\_\_\_\_ Space \_\_\_\_\_

Manifold Gas Press Inlet \_\_\_\_\_ Outlet \_\_\_\_\_ (Lo / HI) \_\_\_\_\_

Technician Comments or Recommended Repairs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accessories: Humidifier \_\_\_\_\_ EAC \_\_\_\_\_ Clean Effects \_\_\_\_\_ UV Lights \_\_\_\_\_

Quantity & Filter sizes \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Technician Signature \_\_\_\_\_ Date \_\_\_\_\_

Condition:	Ok	Repair	Critical	Recommended	Repaired	Decline
CFM Bearing / Hi Amp	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
CFM Oil / Seals	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fan Blade Balance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Checked Fan Blades for Cracks	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Inspected T-Stat	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Checked Disconnect / Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Checked Contactor	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Is Unit Charged to MFG Charts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Blower Wheel Balance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Check Safety Control	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
*Tighten Elect Connect / Wire	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Inspected Filter(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Check Heat Exchanger	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Check Ignition System	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Check Flame Safety	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Check for Proper Combustion	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Check Limit Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Check Combustion Blower	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
*Oil & Lubricate moving parts	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Critical Repair - Standard \$ \_\_\_\_\_ Rec. Repair Standard \$ \_\_\_\_\_

Critical Repair - MVP \$ \_\_\_\_\_ Rec. Repair MVP \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_