

Name _____
 Job# _____
 Date _____

Brand _____
 Voltage 208 / 240 / 277 / 460

Model# _____
 Serial # _____
 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.	_____ / _____	_____ / _____

Static Presures

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

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

Technician Comments or Recommended Repairs: _____

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"/>
Blow Out Condensate Line	<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"/>
Checked Fan Blades for Cracks	<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"/>
Checked Overflow Pan / Switch	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Checked Safety Controls	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Tighten Electrical 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"/>
_____	<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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Std Quoted Repair \$ _____ Recommended Repair \$ _____
 MVP Quoted Repair \$ _____ Recommended Repair \$ _____
Savings \$ _____ **Savings** \$ _____