

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.	_____ / _____	

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** \$ _____