

Your Company Name

Address
City, State Zip
Phone Number

No. 101

NAME	HOME PHONE	DATE:
STREET	WORK PHONE	TECH:
CITY STATE ZIP	ALTERNATE PHONE #	TICKET#
CUSTOMER SIGNATURE X		INVOICE#

GAS FURNACE	AGE	HEAT PUMP AND A/C	AGE
MODEL #	S/N#	MODEL #	S/N#
MAKE	STYLE	MAKE	STYLE

Burners Cleaned Yes No
 Orif. Cleaned Yes No
 Heat Exchanger OK Rusted Cracked
 Gas Pressure Manifold _____ Incoming _____
 Pilot Orifice Cleaned Yes No
 Drain Trap Cleaned (90 + only) Yes No
 Any Safeties By Passed Yes No
 Safeties Checked Yes No
 Blower Motor HP _____ Volts _____ Amps _____
 Oiled Yes No NP _____ NP _____
 Capacitors Rated _____ Actual _____
 Inducer Motor OK Oiled Needs Replaced
 Flue Stack OK Needs Replaced
 Temp Rise NP _____ ACT. _____
 Temperature Return _____ Supply _____
 Filter Cleaned Replaced OK
 Gas Connections OK / NO Leaks Tightened*
 Blower Wheel Cleaned OK
 Filter Size _____ X _____ X _____

Condenser Coil Cleaned OK
 Unit Cabinet Cleaned & Waxed Rusted OK
 Comp. Megohm Test _____ Megohm _____
 C _____ S _____ R _____
 Comp. Amps NP _____ Volts _____
 Rated _____ Actual _____
 Capacitors OK Pitted* Replaced
 Contactor _____
 Crankcase Heater on _____
 Comp. Working? Yes No
 Accumulator OK Rusted Needs Replace*
 Reversing Value Switching OK Yes No*
 Defrost Controls OK Not Defrosting
 Outdoor Temp DB _____ WB _____
 Outdoor Stat Set Heater _____ Cutout _____
 Press. Checked Heating Cooling
 Suction _____ Discharge _____
 Suction Line Temp _____
 Temperature Supply _____ Return _____
 Condenser Motor Oiled OK Needs Replaced
 Condenser Motor Amps _____ NP _____

AIR HANDLER COIL & HEATERS

Heater KW _____
 Heater AMPS _____
 Heater Volts _____
 Blower Motor AMPS _____ NP _____
 Capacitors Rated _____ Actual _____
 All Safeties OK Yes No*
 Sequence Cycle Fan First Yes No*
 Blower Wheel Clean Yes No
 Filter Cleaned Replaced OK
 Evap. Coil Cleaned OK
 Drain Pan Cleaned Rusted OK

Drain Cleaned & Flushed Yes No OK
 (cfm) Fan on at T-STAT Emer. Heat CFM _____
 Temperature Return _____ Supply _____
 Voltage _____
 Blower Speed Adj. Yes No

TSTAT

Fan _____ Heat _____
 Emr. Heat _____ Auto _____
 Cool _____
 All Elec. Connections Tight Yes

EPA REPORT

REFRIGERANT

Type _____ Qty. _____
 Y _____ N _____
 Recovered Y N
 For Disposal Y N

*COMMENTS	CHARGES	\$																																			
	DISCOUNTS	\$																																			
	TAX	\$																																			
	TOTAL	\$																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Catalog #</th> <th>Short#</th> <th>Qty</th> <th>Description</th> <th>Customer Accept</th> <th>Initials Decline</th> <th>Price</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Catalog #	Short#	Qty	Description	Customer Accept	Initials Decline	Price																													<input type="checkbox"/> CREDIT CARD # _____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK # _____ _____ _____	
Catalog #	Short#	Qty	Description	Customer Accept	Initials Decline	Price																															
Technician Recommendations: <input type="checkbox"/> Regular Maintenance <input type="checkbox"/> Prog. Thermostat <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> Maintenance Agreement Left <input type="checkbox"/> Hi-efficiency Air Cleaner- Filter <input type="checkbox"/> Appt. scheduled for estimate <input type="checkbox"/> Carbon Monoxide Test <input type="checkbox"/> Duct Cleaning Initials of CSR _____ <input type="checkbox"/> Humidifier <input type="checkbox"/> Insulation <input type="checkbox"/> Other _____			AUTHORIZED SIGNATURE _____ EXP. DATE _____ _____ Price Quote																																		