

TECH: _____

DATE:



410-636-7614

SYSTEM PERFORMANCE REPORT

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____

SAFETY INSPECTION ITEMS BELOW ARE PRINTED IN ORANGE

SYSTEM LOCATION _____

| THERMOSTAT | GOOD | N/A | FAIR | BAD |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| V1. Energy saving thermostat existing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V2. Thermostat mounted firmly to wall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T3. Thermostat operation /accuracy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T4. Batteries replaced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| DUCTWORK SYSTEM | GOOD | N/A | FAIR | BAD |
|-----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| V5. Supply ducts insulated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V6. Overall condition of ductwork | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V7. Ductwork sealed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V8. Ductwork cleaned | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V9. Platform return sealed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FURNACE / AIR HANDLER | GOOD | N/A | FAIR | BAD |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| V10. Inspect blower cabinet insulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V11. Evaporator Coil cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V12. Inspect blower wheel cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V13. Check circuit board for burn marks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V14. TXV bulb mounted @ 10 or 2 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V15. Primary drain ran properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V16. Inspect Safety Drain Switch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V17. Pan treatment needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V18. Drain line flushed and treated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V19. Check burner crossover ports | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V20. Check for sufficient combustion air | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V21. Check hoses for cracks & wear | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V22. Check for proper flue rise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V23. Measure flue clearances | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V24. Check flue draft and condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V25. Inspect PVC for leaks, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V26. Flammables near furnace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V27. Check for proper ignition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V28. UV Germicidal lamp needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V29. Electrodes condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V30. Check blower for proper operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V31. All screws replaced in cabinet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T32. Return Static Pressure _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T33. Supply Static Pressure _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T34. Check Condensate Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T35. Read blower motor amps _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T36. Check inducer motor amps _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T37. Blower capacitor UF value _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T38. Measure temp rise _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T39. Adjust Gas Pressure _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T40. Check limit switches and mounts | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T41. Vacuum furnace area and burner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T42. Clean combustion air vent screen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| FURNACE / AIR HANDLER | GOOD | N/A | FAIR | BAD |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| T43. Inspect Heat Exchanger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T44. Check Pressure Switch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T45. Test gas connection for leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T46. Test gas shut off operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T47. Carbon Monoxide Detector installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T48. Surge protection installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T49. Clean /wax outside of furnace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T50. Air Filter change / clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T51. Inspect all electrical | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T52. Inspect for signs of refrigerant leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T53. Oil filter condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T54. Flame sensor condition or pilot assembly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T55. Nozzle condition—Size: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T56. Install sticker on front of furnace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T57. Show owner post operation of furnace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| AIR CONDITIONING / HEAT PUMP | GOOD | N/A | FAIR | BAD |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| V58. Check condition of coil fins | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V59. Proper Schrader caps installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V60. Verify proper circuit breaker size to nameplate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V61. Verify proper wire size to unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V62. Low voltage wire condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V63. Condensing Unit is level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V64. Shrubs are cut back from unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V65. Line set is insulated to condensing unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V66. Install sticker on outdoor unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| V67. Condenser coil condition /cleanliness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T68. Condenser fan amps/condition: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T69. Capacitor UF value Comp. _____ Fan _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T70. Volt drop/inspect contactor _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T71. Log Compressor amps S _____ R _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T72. High Side Pressure _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T73. Low Side Pressure _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T74. Indoor Temperature Split _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T75. Tighten wire connections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T76. Condition start assist device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T77. Test defrost timer operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T78. Test reversing valve operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T79. Condition of electrical disconnect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| T80. Tighten lugs in disconnect & circuit breaker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| ADDITIONAL ITEMS | GOOD | N/A | FAIR | BAD |
|------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 81. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| OD Temp | ID Temp | Sub Cooling | Superheat | Supply Temp | Return Temp |
|----------------------|---------|----------------------|-----------|----------------------|-------------|
| OUTDOOR UNIT | | INDOOR UNIT | | OTHER: _____ | |
| MANUFACTURER: | | MANUFACTURER: | | MANUFACTURER: | |
| M# | | M# | | M# | |
| S# | | S# | | S# | |
| TYPE: | | TYPE: | | TYPE: | |
| MFD: | | MFD: | | MFD: | |
| FILTER SIZE: | | FILTER SIZE: | | FILTER SIZE: | |

ADDITIONAL JOB NOTES / INSTRUCTIONS

It makes good sense to consider all of your options when it comes to repairing or replacing a part, fixture, or piece of equipment. Many times, replacing a defective unit will provide you with a greater benefit and peace of mind than repairing an older model.

| ADDITIONAL INSTALLATIONS / PROPOSED WORK | | | | |
|--|---------------------------------|---------------|---------------|-----------|
| ITEM # | DESCRIPTION OF ATTENTION NEEDED | WORK APPROVED | STANDARD RATE | CLUB RATE |
| | | Yes / No | \$ | \$ |
| | | Yes / No | \$ | \$ |
| | | Yes / No | \$ | \$ |
| | | Yes / No | \$ | \$ |

I decline all proposed work today. The above prices, job specifications and conditions are satisfactory and herby accepted. I authorize the work to be completed as specified. I am in agreement with these payment terms; Deposit amount \$ _____ Payment due at time of job completion \$ _____.

TECHNICIAN'S SIGNATURE _____ **CUSTOMER'S SIGNATURE** _____
X X

Thank you very much for your business!
Please call if you have any questions about the work we have completed or estimated for you.
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