



Date _____

OWNER

Name _____

Street _____

City _____ State _____

Phone _____ Zip _____

Contact _____

Date Installed _____

Last Date Serviced _____

Type Service Now Needed _____

FIELD INSPECTION

Warehouse _____

Contact _____

INSTALLING / SERVICING CONTRACTOR

Name _____

Street _____

City _____ State _____

Phone _____ Zip _____

Contact _____

Indoor Unit Model No. _____

Outdoor Unit Model No. _____

Indoor Coil Model No. _____

Serial No. _____

Serial No. _____

Serial No. _____

COOLING & HEAT PUMP

Outdoor Temperature _____ ° F.D.B.

Indoor Temperature _____ ° F.D.B. _____ ° F.W.B.

Suction Pressure _____ Discharge Pressure _____

Suction Line Temperature within 4" to 6" of Compressor _____ °F

Voltage _____ Amp Draw _____

INDOOR COIL

Air Temperature Entering Coil _____ ° F.D.B. _____ ° F.W.B.

Air Temperature Leaving Coil _____ ° F.D.B. _____ ° F.W.B.

Static Pressure Across Wet Coil _____ " W.C.

Static Pressure Across Air Handler _____ " W.C.

System Air Flow _____ CFM

GAS

Type Gas Using _____ Primary Air Shutters Adjusted: Yes No

Type of Flue: Horiz. Vert. Lgth. _____ Dia. _____

Flue Temperature _____ ° F.D.B.

No. of fittings in flue: 90° ell _____ 45° angle _____ Type of fittings: Long Sweep Medium Short

Negative Pressure: Intake _____ Vent _____

Inlet Gas Pressure _____ Operating _____ Manifold _____

Temperature Entering Furnace _____ ° F.D.B.

Temperature Leaving Furnace _____ ° F.D.B.

Thermostat Anticipator Setting _____ (Reading taken at thermostat location)

NOTES

Inspected By _____

