



Customer Name: _____ Invoice #: _____
 Technician Name: _____ Date: _____

AIR CONDITIONER TUNE-UP & SAFETY INSPECTION (\$99)

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| <p>1. <input type="checkbox"/> Start up & run air conditioner</p> <p>2. <input type="checkbox"/> Test thermostat for operation and condition:
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>3. <input type="checkbox"/> Furnace fan motor & wheel alignment
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>4. <input type="checkbox"/> Check fan motor for buildup
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. <input type="checkbox"/> Filter condition & size: _____
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>6. <input type="checkbox"/> Test furnace capacitor MFD for allowable drop:
 Factory MFD _____ Actual MFD _____ Drop _____%</p> <p>7. <input type="checkbox"/> Measure amperage of blower motor: _____ AMP</p> <p>8. <input type="checkbox"/> Check duct for obvious air leaks:
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. <input type="checkbox"/> Line set insulation condition
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>10. <input type="checkbox"/> Inspect evaporator coil for blockages (if accessible)
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>11. <input type="checkbox"/> Ensure that condensate drain is clear of blockages</p> <p>12. <input type="checkbox"/> Inspect outdoor electrical disconnect
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>13. <input type="checkbox"/> Check A/C electrical breaker size: _____ AMP
 Double tap: <input type="checkbox"/> Yes <input type="checkbox"/> No
 Safety or code concerns: _____</p> | <p>14. <input type="checkbox"/> Inspect A/C fan blades for alignment or vibration</p> <p>15. <input type="checkbox"/> Inspect A/C fan motor for condition
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>16. <input type="checkbox"/> Check condenser coil for damage & blockages
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>17. <input type="checkbox"/> Visual inspection of line set & A/C for possible leaks
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>18. <input type="checkbox"/> Inspect electrical contactor for pitting & defect
 <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>19. <input type="checkbox"/> Inspect & tighten all electrical connections as needed</p> <p>20. <input type="checkbox"/> Test A/C capacitor MFD for allowable drop:
 Factory MFD _____ Actual MFD _____ Drop _____%</p> <p>21. <input type="checkbox"/> Test control voltage to A/C
 <input type="checkbox"/> Normal 23-27 Volt <input type="checkbox"/> Needs attention</p> <p>22. <input type="checkbox"/> Check refrigerant levels:
 <input type="checkbox"/> Normal <input type="checkbox"/> Needs adjustment
 Refrigerant type: <input type="checkbox"/> Obsolete R22 <input type="checkbox"/> R410A</p> <p>23. <input type="checkbox"/> Test temperature difference across evaporator coil:
 <input type="checkbox"/> Below 19° <input type="checkbox"/> Normal 20-25° <input type="checkbox"/> Above 25°</p> |
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HVAC SYSTEM EVALUATION

- Are you happy with your thermostat? Yes No
- Are there uncomfortable hot/cold areas in your home?
Yes No
- Do you have excessive equipment noise Yes No
- Do you have any concerns about mold, mildew or bacteria in your home? Yes No
- Does anyone in the house suffer from allergies or asthma?
 Yes No

- Does anyone in the home experience dry skin, nose bleeds or itchy lungs in the winter? Yes No
- What have you liked or disliked about your current HVAC system?

What would you like to change about your system? _____

- Is saving money on your utilities important to you? Yes No
- Is your impact on the environment important to you? Yes No

Thank You Very Much For Your Business
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