

FALL SPECIAL INSPECTION REPORT

Heater Make: _____ Model: _____ Serial# _____

Heat Source	
<input type="checkbox"/> Gas	<input type="checkbox"/> Electric _____ KW
<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Dual Fuel

Carbon Monoxide
_____ ppm

Supply Temp.	_____
Return Temp.	_____
ΔT Heat Rise	_____

Gas Furnace Orientation		
<input type="checkbox"/> Horizontal	<input type="checkbox"/> Upflow	<input type="checkbox"/> Downflow

Gas Furnace Access		
<input type="checkbox"/> Pulldown	<input type="checkbox"/> Walk in	<input type="checkbox"/> Scuttle Hole

Gas Furnace Location		
<input type="checkbox"/> Attic	<input type="checkbox"/> 2nd Floor	<input type="checkbox"/> Closet
<input type="checkbox"/> Garage	<input type="checkbox"/> Bathroom	

Gas Furnace Style		
<input type="checkbox"/> Dedicated Horizontal	<input type="checkbox"/> Studmount	
<input type="checkbox"/> Multipoise	<input type="checkbox"/> Upflow	<input type="checkbox"/> Downflow

Ignition Source		Hot Surface Ignition		Spark Ignition	
<input type="checkbox"/> Standing Pilot	<input type="checkbox"/> 115v Ceramic	<input type="checkbox"/> Intermittent Pilot			
<input type="checkbox"/> Draught Type: <input type="checkbox"/> Induced	<input type="checkbox"/> 24v Ceramic (Smart Valve)	<input type="checkbox"/> Direct Ignition			
<input type="checkbox"/> Natural	<input type="checkbox"/> Silicon Nitride	Resistance _____ Ω			

Blower Motor Size _____ hp _____ RPM _____ Speed Blower Run Amps _____ RLA _____

Fan Motor Lubed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Perm Lube
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Fan Mtr Bearings	<input type="checkbox"/> Good	<input type="checkbox"/> Some Play	<input type="checkbox"/> Replaced
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Blower Wheel	<input type="checkbox"/> Good	<input type="checkbox"/> Some Vibration	<input type="checkbox"/> Replaced
	<input type="checkbox"/> Clean	<input type="checkbox"/> Dirty	

Fan Run Cap.	<input type="checkbox"/> Good	<input type="checkbox"/> Replaced
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Motor Drive Type	<input type="checkbox"/> Direct	<input type="checkbox"/> Belt
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Door Switch	<input type="checkbox"/> Operational	<input type="checkbox"/> Replaced
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High Limit	<input type="checkbox"/> Operational	<input type="checkbox"/> Replaced
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Rollout Limit	<input type="checkbox"/> Operational	<input type="checkbox"/> Replaced
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Flue Safety	<input type="checkbox"/> Operational	<input type="checkbox"/> Replaced
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Draught Safety	<input type="checkbox"/> Good	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Replaced
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Flame Sensor	<input type="checkbox"/> Good	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Replaced
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Gas Valve Type	<input type="checkbox"/> Smart Valve	<input type="checkbox"/> Intermittant Pilot	
	<input type="checkbox"/> Direct Ignition	<input type="checkbox"/> Standing Pilot	<input type="checkbox"/> Replaced

Heat Exchanger	<input type="checkbox"/> Good	<input type="checkbox"/> Cleaned	<input type="checkbox"/> Unsafe
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Evaporator Make: _____ Model: _____ Serial# _____

Metering Device	<input type="checkbox"/> Florater	<input type="checkbox"/> Txv	<input type="checkbox"/> Cap Tube
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Emer. Drain Pan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Good	<input type="checkbox"/> Rusted	<input type="checkbox"/> Needs Replaced

Drain Lines	<input type="checkbox"/> Flowing	<input type="checkbox"/> Blown	<input type="checkbox"/> Needs Splice
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Overflow Protection	<input type="checkbox"/> Float Switch	<input type="checkbox"/> Wet Switch	<input type="checkbox"/> Needed
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Filter Media	<input type="checkbox"/> Media	<input type="checkbox"/> Dust Free	<input type="checkbox"/> Electrical
	<input type="checkbox"/> New	<input type="checkbox"/> Ok	<input type="checkbox"/> Replace

*** Filter Size ***

Accessories	<input type="checkbox"/> Humidifier	<input type="checkbox"/> UV Light	<input type="checkbox"/> ERV
	<input type="checkbox"/> HEPA	<input type="checkbox"/> PCO	<input type="checkbox"/> GardianAire

Thermostat	<input type="checkbox"/> Bimetal	<input type="checkbox"/> Mercury	<input type="checkbox"/> Digital
	<input type="checkbox"/> New	<input type="checkbox"/> Old	<input type="checkbox"/> Replaced

Duct Work	<input type="checkbox"/> Flex	<input type="checkbox"/> Hard Pipe	
	<input type="checkbox"/> Good	<input type="checkbox"/> Poor Insul.	<input type="checkbox"/> Replace

Attic Insulation	<input type="checkbox"/> Good	<input type="checkbox"/> Needs Improvement
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*** We recommend MERV 8 pleated disposable air filters. ***

REMARKS

DATE

OWNER

ADDRESS

SYSTEM

TECH



DEAN
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& HEATING
COMPANY

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