

SPRING SPECIAL INSPECTION REPORT

FURNACE

Manufacturer _____

Model # _____

Serial # _____

EVAPORATOR

Manufacturer _____

Model # _____

Serial # _____

CONDENSER

Manufacturer _____

Model # _____

Serial # _____

Return Temp.	
Supply Temp.	
ΔT	

	°F DB	°F WB
IS Ambient		
OS Ambient		

	PSIG	°F DB
LL Pressure		
LL Temp		
SubCooling		
SL Temp		
SL Pressure		
Super Heat		

DATE

PROJECT

ADDRESS

SYSTEM

TECH



DEAN
AIR CONDITIONING
& HEATING
COMPANY

TACL B019087C

P.O. BOX 850777
RICHARDSON
TEXAS 75085-0777

972-235-1487
972-690-9390 FAX

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HONEST
& FAIR
SERVICE

REGULATED BY THE
TEXAS BUREAU OF
LICENSING
&
REGULATION
P.O. BOX 12157
AUSTIN, TEXAS 78711
(800) 803-9202
(512) 463-6599

Comp Run Amps _____ RLA _____ Start Amps _____ LRA _____
Fan Run Amps _____ FLA _____ Start Amps _____ After Hard Start

Metering Device	<input type="checkbox"/> Florater	<input type="checkbox"/> Txv	<input type="checkbox"/> Cap Tube
Emer. Drain Pan	<input type="checkbox"/> Yes <input type="checkbox"/> Good	<input type="checkbox"/> No <input type="checkbox"/> Rusted	<input type="checkbox"/> Replace
Drain Lines	<input type="checkbox"/> Flowing	<input type="checkbox"/> Blown	<input type="checkbox"/> Needs Splice
Filter Media	<input type="checkbox"/> Media <input type="checkbox"/> New	<input type="checkbox"/> Dust Free <input type="checkbox"/> Ok	<input type="checkbox"/> Electrical <input type="checkbox"/> Replace
Filter Size	*** We recommend pleated disposable air filters. ***		
System	<input type="checkbox"/> Up Flow <input type="checkbox"/> Attic	<input type="checkbox"/> Down Flow <input type="checkbox"/> Closet	<input type="checkbox"/> Horizontal
Duct Work	<input type="checkbox"/> Flex <input type="checkbox"/> Good	<input type="checkbox"/> Hard Pipe <input type="checkbox"/> Poor Insul.	<input type="checkbox"/> Replace
Thermostat	<input type="checkbox"/> Bimetal <input type="checkbox"/> New	<input type="checkbox"/> Mercury <input type="checkbox"/> Old	<input type="checkbox"/> Digital <input type="checkbox"/> Replace
Hard Start Kit	<input type="checkbox"/> Present	<input type="checkbox"/> Not Present	<input type="checkbox"/> Added Start Kit
Fan Motor Lubed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Perm Lube
Fan Mtr Bearings	<input type="checkbox"/> Good	<input type="checkbox"/> Some Play	<input type="checkbox"/> Replace
Fan Blade	<input type="checkbox"/> Good	<input type="checkbox"/> Some Vibration	<input type="checkbox"/> Replace
Contactior	<input type="checkbox"/> Good	<input type="checkbox"/> Some Pitting	<input type="checkbox"/> Replace
Capacitors	<input type="checkbox"/> Good	<input type="checkbox"/> Rusty	<input type="checkbox"/> Replace
Elect. Connections	<input type="checkbox"/> Good	<input type="checkbox"/> Weathered	<input type="checkbox"/> Replace
Condensing Coil	<input type="checkbox"/> Good	<input type="checkbox"/> Bent Fins	<input type="checkbox"/> Replace
Disconnect	<input type="checkbox"/> Present <input type="checkbox"/> Good	<input type="checkbox"/> N/A <input type="checkbox"/> Ok	<input type="checkbox"/> Replace
Liquidtight	<input type="checkbox"/> Good	<input type="checkbox"/> Aluminum Flex	<input type="checkbox"/> Replace
Armaflex	<input type="checkbox"/> Good	<input type="checkbox"/> Weathered	<input type="checkbox"/> Replace
2-Wire	<input type="checkbox"/> Good	<input type="checkbox"/> Spliced	<input type="checkbox"/> Replace
Suction Drier	<input type="checkbox"/> N/A	<input type="checkbox"/> Good	<input type="checkbox"/> Replace
Liquid Drier	<input type="checkbox"/> N/A	<input type="checkbox"/> Good	<input type="checkbox"/> Replace
Oil Leaks	<input type="checkbox"/> None Visible	<input type="checkbox"/> Stain	<input type="checkbox"/> Liquid Present

REMARKS