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Mechanical License ~ CMC1249297/Plumbing License ~ CFC1425765

PRECISION TUNE-UP AND SAFETY CHECK-UP REPORT

Reference # _____ Date: _____
Customer Name _____
Address _____
City/State/Zip _____ Phone _____

System # _____
EVAPORATOR OR BLOWER
Manufacturer _____
Model # _____
Serial # _____
Tonnage _____ tons
Approx Age _____ years
Cabinet Condition [] Good [] Fair [] Poor
Motor Amperage _____ amps
Motor Lubricated [] Yes [] No [] NA
Blower Condition [] Good [] Fair [] Poor
Bearings [] Good [] Fair [] Worn
Clean Evaporator Coil?* [] Yes [] No
*add'l chg may apply if coil needs to be pulled.
Flush Drain [] Yes [] No [] NA
Check Float Switch [] Yes [] No [] NA
Add Drain Tabs [] Yes [] No [] NA
Add Pan Guards [] Yes [] No [] NA
Condensate Pump [] Yes [] No [] NA

[] Air Conditioning [] Heat Pump
CONDENSER/PACKAGE UNIT
Manufacturer _____
Model # _____
Serial # _____
Tonnage _____ tons
Approx Age _____ years
Cabinet Condition [] Good [] Fair [] Poor
Head Pressure _____ psi
Suction Pressure _____ psi
Charge w/in factory specs? [] Yes [] No
Compressor Amperage _____ amps
Fan Amperage _____ amps
Fan Blade Condition [] Good [] Fair [] Poor
Motor Lubricated [] Yes [] No [] NA
Clean Cond Coil [] Yes [] No [] NA
Contactor Point [] Yes [] No [] NA
Accumulator [] Yes [] No [] NA
Drier(s) [] Yes [] No [] NA
Reversing Valve [] Yes [] No [] NA
Crankcase Heater [] Yes [] No [] NA

[] Straight Cool [] Heating
ELECTRIC HEAT STRIPS
KW Size _____
Check Operation [] Yes [] No
Amperage _____

Defrost Controls [] Yes [] No [] NA
Added Refrigerant [] Yes _____ lbs. [] NA
Tubing Size Liquid line _____ in
Suction line _____ in
Temp Drop/Rise Across Coil in degrees
In _____ Out _____ Split _____
Outside Ambient Temperature _____

OIL OR GAS
BTU Rating _____
Approximate Age _____
Chamber [] Good [] Fair [] Poor
Check Flame Color [] Yes [] No
Check Pilot Light [] Yes [] No
Check Burner [] Yes [] No
Check Thermocouple [] Yes [] No
Check Gas Connect [] Yes [] No
Check Gas Valve [] Yes [] No
Check Flame Color [] Yes [] No
Check Flue Pipe [] Yes [] No
Check Oil Filter [] Yes [] No
Check Oil Nozzle [] Yes [] No

INDOOR AIR QUALITY
Filter(s) _____
Filter Size(s) _____
*add'l chg may apply to clean/replace filters.
Pleated Filter(s) [] Yes [] No
Electrostatic Filter(s) [] Yes [] No
Hog Hair Filter(s) [] Yes [] No
Disposable Filter(s) [] Yes [] No
Electronic Air Cleaner [] Yes [] No
Duct Work [] Good [] Fair [] Poor

MISCELLANEOUS
Clean Unit (Inside/Out) [] Yes [] No
Tighten Elec Connection [] Yes [] No
Calibrate Thermostat [] Yes [] No
Place Decal on Unit [] Yes [] No
Check Safety Controls/ Run
through complete cycle [] Yes [] No
Vacuum Return Grille [] Yes [] No
Check Zoning Controls [] Yes [] No
Recover Ventilator [] Yes [] No

The following corrective action is recommended:

THANK YOU for the opportunity to do your service work.

If you have any questions or comments, please do not hesitate to ask our technician or call our office.

Technician _____ Customer Signature _____

THE BEST PRECISION TUNE-UP AND SAFETY CHECK GUARANTEED