

SERVICE CONTRACT FORM

Customer Name _____ ACCOUNT NO. _____

Address _____ APT NO. _____

City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Residential _____ Commercial _____ Industrial _____

Air Conditioning YES _____ NO _____

Separate Thermostat YES _____ NO _____ Make _____ Model _____

Make of Heating Unit _____ Model _____

Make of Oil Burner _____ Model _____

Age of Unit _____ Age of Burner _____

Nozzle Size _____ No. of Zones _____ CIRCULATORS _____ ZONE VALVES _____

OIL TANK

Condition of Oil Tank GOOD _____ BAD _____ Size _____

Condition of Oil Line GOOD _____ BAD _____ Sleeved YES _____ NO _____

Oil Safety Valve YES _____ NO _____ Oil Gauge YES _____ NO _____

Oil Filter Make _____ Model _____

Ventalarm YES _____ NO _____ Location of Tank _____ Fill Location _____

ELECTRICAL

Separate Circuit YES _____ NO _____

Fuses YES _____ NO _____ Circuit Breakers YES _____ NO _____ SIZE _____

Customer Switch YES _____ NO _____ Location _____

Thermal Switch YES _____ NO _____ Location _____

Service Switch YES _____ NO _____

Thermostat Make _____ Model _____ Location _____

Primary Control Make _____ Model _____

High-Limit Control Make _____ Model _____

Low-Limit Control Make _____ Model _____

Are all covers in place and present YES _____ NO _____

Type of wiring Cloth _____ Plastic\rubber _____

WARM AIR

Blower Motor Make _____ Model _____ Electronic Air Cleaner YES _____ NO _____
Fan Belt Length _____ Filter Size(s) _____
Humidifier Make _____ Model _____
Air Controls Make _____ Model _____
Register Condition CLEAN _____ DIRTY _____ SOOT STREAKING YES _____ NO _____

HOT WATER

Circulator(s) Make _____ Model _____
Diaphragm Expansion Tank Make _____ Model _____
Steel Expansion Tank Diameter _____ Length _____
Flow Control Valve(s) Make _____ Model _____
Relief Valve Make _____ Model _____
Zone Valve(s) Make _____ Model _____
Pressure Reducing Valve Make _____ Model _____ Pressure Gauge Reading _____ PSI
Does there appear to be a harsh water condition present YES _____ NO _____

STEAM

Low water cut-off Make _____ Model _____ Ball Valve YES _____ NO _____
Tested PASSED _____ FAILED _____ Water Condition CLEAN _____ DIRTY _____
Automatic Feeder Make _____ Model _____ Relief Valve Make _____ Model _____
Condition of fluepipe GOOD _____ BAD _____ Chamber Condition GOOD _____ BAD _____
Draft Regulator Make _____ Model _____ Condition GOOD _____ BAD _____
Does the chimney have a cleanout door YES _____ NO _____
How many appliances vent into chimney _____ Separate Flues YES _____ NO _____
Power Venter or Inducer Make _____ Model _____
Cleanliness of basement CLEAN _____ DIRTY _____ Soot Present YES _____ NO _____
Is there asbestos on boiler YES _____ NO _____ on pipes YES _____ NO _____
Is there a gas dryer in the boiler room YES _____ NO _____
Is there adequate air for combustion YES _____ NO _____ Source _____
Annual oil consumption _____ gallons.

Any service complaints: _____
