

# SERVICE INSPECTION FORM

Customer Name \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

Address \_\_\_\_\_ APT NO. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_

Air Conditioning YES \_\_\_\_\_ NO \_\_\_\_\_

Separate Thermostat YES \_\_\_\_\_ NO \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Make of Heating Unit \_\_\_\_\_ Model \_\_\_\_\_

Make of Burner \_\_\_\_\_ Model \_\_\_\_\_

Age of Unit \_\_\_\_\_ Age of Burner \_\_\_\_\_

Nozzle/Orifice Size \_\_\_\_\_ No. of Zones \_\_\_\_\_ CIRCULATORS \_\_\_\_\_ ZONE VALVES \_\_\_\_\_

## STORAGE TANK

Condition of Oil or LPG Tank GOOD \_\_\_\_\_ BAD \_\_\_\_\_ Size \_\_\_\_\_

Condition of Fuel Line GOOD \_\_\_\_\_ BAD \_\_\_\_\_ Sleeved YES \_\_\_\_\_ NO \_\_\_\_\_

Oil Safety Valve YES \_\_\_\_\_ NO \_\_\_\_\_ Oil Gauge YES \_\_\_\_\_ NO \_\_\_\_\_

Oil Filter Make \_\_\_\_\_ Model \_\_\_\_\_

Ventalarm YES \_\_\_\_\_ NO \_\_\_\_\_ Location of Oil 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 clothes dryer in the boiler room YES \_\_\_\_\_ NO \_\_\_\_\_  
Is there adequate air for combustion YES \_\_\_\_\_ NO \_\_\_\_\_ Source \_\_\_\_\_  
Annual fuel consumption \_\_\_\_\_ gallons - \_\_\_\_\_ Cf.  
Any service complaints: \_\_\_\_\_

---

---