



Your Firm Info

1 Address St., State, City, Zip
 Phone (222) 333-4444
 Email: email-address.com

HVAC MAINTENANCE CHECKLIST

PO# _____

DATE _____

Name: _____

Address: _____

City/St/Zip _____

Phone: _____

Contact: _____

SYSTEM INFORMATION

SYSTEM TYPE: _____	O/D UNIT MODEL # _____	I/D TEMP: _____ *
SYSTEM MAKE: _____	O/D UNIT SERIAL # _____	O/D TEMP: _____ *
TONNAGE: _____	I/D UNIT MODEL # _____	
AGE: _____	I/D UNIT SERIAL # _____	

OVERALL CHECK

<input type="checkbox"/> <u>Thermostat Operational</u>	<u>Overflow Switch Installed:</u> YES NO
<input type="checkbox"/> <u>Inspect Ductwork</u>	<u>Air Leaks:</u> YES NO
<input type="checkbox"/> <u>Safety Check</u>	<u>Water Leaks/Stains:</u> YES NO
<input type="checkbox"/> <u>Electrical Connections</u>	<u>Mold/Mildew:</u> YES NO
<input type="checkbox"/> <u>Refrigerant Charge</u>	<u>Indoor Coil Clean:</u> YES NO
<input type="checkbox"/> <u>Clean Air Filters</u>	<u>Electrical Disconnect Installed:</u> YES NO
<input type="checkbox"/> <u>Clean Drain/Pump</u>	<u>Vents/Registers Clean:</u> YES NO
<input type="checkbox"/> <u>Add Chemicals to Drain</u>	<u>Capacitor In Range:</u> YES NO
<input type="checkbox"/> <u>Clean Condenser Coil</u>	<u>Contactors:</u> GOOD BAD

COOLING TEST

<u>SUCTION:</u> _____ PSI	<u>RETURN AIR:</u> _____ *
<u>LIQUID:</u> _____ PSI	<u>SUPPLY AIR:</u> _____ *
<u>SATURATED SUCTION TEMP:</u> _____ *	<u>TEMPERATURE DROP:</u> _____ *
<u>SATURATED LIQUID TEMP:</u> _____ *	<u>COMPRESSOR AMP DRAW:</u> _____
<u>SUCTION LINE TEMP:</u> _____ * / _____ * Superheat	<u>CONDENSER FAN MOTOR DRAW:</u> _____
<u>LIQUID LINE TEMP:</u> _____ * / _____ * Subcool	

HEATING TEST: HEAT PUMP

SUCTION: _____ PSI

DISCHARGE: _____ PSI

HEATER KIT AMPS: _____

TEMPERATURE RISE: _____ *

FORCE DEFROST: **YES** **NO**

COMPRESSOR AMP DRAW: _____

CONDENSER FAN MOTOR DRAW: _____

BLOWER MOTOR AMP DRAW: _____

HEATING TEST: GAS HEAT

CLEAN FLAME SENSOR:

CHECK GAS LINE/FLUE PIPE:

TEMPERATURE RISE: _____ *

INDUCER MOTOR: _____

COMMENTS:

CUSTOMER SIGNATURE: _____ DATE _____

TECH SIGNATURE: _____ DATE _____