

Electric Furnace

SUMMARY SHEET

EMERGENCY
NEEDED

FOLLOW UP

Client _____
Address _____
City \ Zip _____

Job # _____
Phone # _____

PRE TEST

POST TEST

INSPECTION

FURNACE

Mobile Home <input type="checkbox"/>	Site Built <input type="checkbox"/>	Upflow <input type="checkbox"/>	Downflow <input type="checkbox"/>	Horizontal <input type="checkbox"/>
Breakers\Fuses Correct Size <input type="checkbox"/> Yes <input type="checkbox"/> No	Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No			
Conductors Correct Size <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Fuse Holders\Breakers:				
Prongs Burnt\Charred <input type="checkbox"/> Yes <input type="checkbox"/> No	Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No			
Terminals\Connections:				
Tight And In Good Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Overall Wiring Condition:				
Dark\ Discolored\ Burnt <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Elements Operational <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Amperage At Each Element Measured At The Limit Switches:				
E 1 _____ Amps.	E 2 _____ Amps.	E 3 _____ Amps.	E 4 _____ Amps.	E 5 _____ Amps.
E 6 _____ Amps.				
Sequencer Operation OK <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Anticipator Measured _____	Set At _____	Reset _____		
Heat Rise _____ - _____ = _____ °F	_____ - _____ = _____ °F	_____ - _____ = _____ °F		
All Elements Run 5 Minutes <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
All Elements Off Before				
Blower Shuts Down <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ducts Leaky\Disconnected <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
No				
Ducts In Unconditioned Space <input type="checkbox"/> Yes <input type="checkbox"/> No	Insulated <input type="checkbox"/> Yes <input type="checkbox"/> No			
No				
Filter Clean <input type="checkbox"/> Yes <input type="checkbox"/> No	Size _____	Replaced <input type="checkbox"/> Yes <input type="checkbox"/> No		
Blower Clean <input type="checkbox"/> Yes <input type="checkbox"/> No	Cleaned <input type="checkbox"/> Yes <input type="checkbox"/> No			
Blower Motor Oiled <input type="checkbox"/> Yes <input type="checkbox"/> No	Oiled <input type="checkbox"/> Yes <input type="checkbox"/> No			
Motor On Proper Speed <input type="checkbox"/> Yes <input type="checkbox"/> No	Increased <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>WATER HEATER</u>				
Gas Leaks <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
No				
Venting Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Repaired <input type="checkbox"/> Yes <input type="checkbox"/> No			
No				
Carbon Monoxide Indicators <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
No				
Carbon Monoxide _____ \ _____ PPM	_____ \ _____ PPM	_____ \ _____ PPM		
Spillage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
No				
Draft \ Outside Temperature _____ "wc _____ °F	_____ "wc _____ °F	_____ "wc _____ °F		
Water Temp (Gas or Electric) _____ °F	Adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>OTHER</u> Appliance Type _____ Carbon Monoxide _____ PPM Mitigated Yes <input type="checkbox"/> No <input type="checkbox"/> _____ PPM				

COMMENTS *

Technician _____ Date _____ Reviewer _____ Date _____ Inspector _____ Date _____

*Please Put Additional Comments On The Back Of The Form.

Revised 8/20/99