



6713 Netherlands Drive
Wilmington, NC 28405

HVAC LICENSE # 32508
HVAC LICENSE # 10790
ELECTRICAL
LICENSE # 26302-U
Phone: (910) 350-2665
Fax: (910) 452-7913
www.tawoods.com

MAINTENANCE CHECKLIST

NAME: _____ DATE: _____
 STREET: _____
 CITY/STATE/ZIP: _____
 PHONE (HOME): _____ EMAIL: _____ TECH NAME: _____

EQUIPMENT INFORMATION				EXISTING CONDITION			
TYPE	MAKE	MODEL #	SERIAL #	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
TYPE	MAKE	MODEL #	SERIAL #	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
TYPE	MAKE	MODEL #	SERIAL #	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
TYPE	MAKE	MODEL #	SERIAL #	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR

COOLING / HEAT PUMP & AIR HANDLER / HEAT		GAS HEATING CHECKLIST			
<input type="checkbox"/> REFRIGERANT R410A _____ R22 _____ <input type="checkbox"/> SUCTION PRESS _____ LIQUID _____ <input type="checkbox"/> CHECK INDOOR BLOWER BEARINGS <input type="checkbox"/> CHECK CONTACTOR <input type="checkbox"/> CHECK CRANK CASE HEATER <input type="checkbox"/> INSPECT FILTER <input type="checkbox"/> CHECK FAN CYCLING <input type="checkbox"/> CHECK OUTDOOR COIL <input type="checkbox"/> CLEANED <input type="checkbox"/> CHECK INDOOR COIL <input type="checkbox"/> CLEANED <input type="checkbox"/> CHECK/RUN DEFROST CYCLE <input type="checkbox"/> CHECK REVERSING VALVE <input type="checkbox"/> CHECK SAFETY CONTROLS <input type="checkbox"/> CHECK START CAPACITOR RATED _____ MFD _____ <input type="checkbox"/> RECORD COMPRESSOR AMPS _____ <input type="checkbox"/> CHECK VOLTAGE _____	<input type="checkbox"/> RUN CAPACITOR(S) RATED _____ MFD _____ RATED _____ MFD _____ RATED _____ MFD _____ <input type="checkbox"/> BLOWER CAPACITOR RATED _____ MFD _____	<input type="checkbox"/> INSPECT HEAT EXCHANGER <input type="checkbox"/> CLEAN/CHECK BURNERS <input type="checkbox"/> CHECK IGN. ASSEMBLY <input type="checkbox"/> COLD OHMS @ _____ <input type="checkbox"/> CHECK DRAINS <input type="checkbox"/> CHECK GAS PRESSURE WC HIGH _____ WC LOW _____ <input type="checkbox"/> CHECK PRESSURE SWITCH <input type="checkbox"/> FLAME SENSOR READING <input type="checkbox"/> CHECK THERMOCOUPLE M/a _____ mV _____	<input type="checkbox"/> CHECK DRAFT ASSEMBLY <input type="checkbox"/> TEMP RISE _____ °F <input type="checkbox"/> CHECK FAN & LIMIT CONTROL VOLTS _____ AMPS _____ <input type="checkbox"/> CHECK VENTS / FLUES & TERMINATION <input type="checkbox"/> LUBRICATE MOTOR IF APPLICABLE <input type="checkbox"/> LUBRICATE DRAFT INDUCER IF APPLICABLE AMPS _____		
PERFORMANCE RECOMMENDATIONS		REQUIRED PARTS			
		PART #	DESCRIPTION	QTY	PRICE

This tune-up has been performed in a professional manner by T.A. WOODS COMPANY.

Technician Signature: _____

I request the above work to be performed on my unit(s) as written on the form at the price suggested. I agree the above inspection is correct and has been handled in a professional and workmanlike manner.

Customer Name (Print): _____

Customer Signature: _____

PAYMENT METHOD CASH CHECK # _____ VISA MC AMEX DIS

Name on Card: _____

Card No: _____

Expiration Date: _____ CID _____

Customer Authorization: _____

**YOUR NEXT SCHEDULED
TUNE-UP IS:**