

CHECK LIST	QUANTITY	ITEM OR PART DESCRIPTION	PRICE	AMOUNT
<input type="checkbox"/> COMPRESSOR				
<input type="checkbox"/> SUCTION _____ PSI				
<input type="checkbox"/> HEAD _____ PSI				
<input type="checkbox"/> VOLTS _____ AMPS				
<input type="checkbox"/> ELECTRICAL CONNECTIONS				
<input type="checkbox"/> CONTACTOR TIGHT & CLEAN Y/N				
<input type="checkbox"/> OIL LEVEL & CONDITION				
<input type="checkbox"/> BURN OUT				
<input type="checkbox"/> CONDENSER COIL				
<input type="checkbox"/> CLEAN COIL & CHECK FIN COND.				
<input type="checkbox"/> ENT _____ °F LVG _____ °F				
<input type="checkbox"/> REFRIGERANT				
<input type="checkbox"/> LEAK <input type="checkbox"/> CHARGE				
<input type="checkbox"/> FAN AND MOTOR				
<input type="checkbox"/> VOLTS _____ AMPS				
<input type="checkbox"/> ELECTRICAL CONNECTIONS				
<input type="checkbox"/> CONTACTS TIGHT & CLEAN				
<input type="checkbox"/> FAN PULLEYS (ADJUST BELT)				
<input type="checkbox"/> CHECK, LUBE BEARINGS & MOTOR				
<input type="checkbox"/> CFM				
<input type="checkbox"/> EVAPORATOR COIL				
<input type="checkbox"/> CLEAN COIL & CHECK FIN				
<input type="checkbox"/> ENT DB _____ °F LVG DB _____ °F				
<input type="checkbox"/> ENT WB _____ °F LVG WB _____ °F				
<input type="checkbox"/> CONDENSATE AREAS				
<input type="checkbox"/> INSPECT & CLEAN DRAIN PAN				
<input type="checkbox"/> INSPECT & CLEAN DRAIN				
<input type="checkbox"/> AIR FILTERS				
<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED				
FILTER SIZE: _____				
<input type="checkbox"/> HEATING ASSY.				
<input type="checkbox"/> BURNER & HEAT EXCHANGER				
<input type="checkbox"/> FUEL SUPPLY & PRESSURE				
<input type="checkbox"/> PILOT ASSEMBLY				
<input type="checkbox"/> FLAME ADJUSTMENT				
<input type="checkbox"/> PRIMARY RELAY & FLUE				
<input type="checkbox"/> FAN & LIMIT SWITCH OPER.				
<input type="checkbox"/> BLOWER ASSEMBLY				
<input type="checkbox"/> RV VALVE				
<input type="checkbox"/> STRIP HEAT				
<input type="checkbox"/> DEFROST CYCLE				
<input type="checkbox"/> ELECTRICAL COMP'TS.				
<input type="checkbox"/> RELAYS <input type="checkbox"/> CONTACTORS				
<input type="checkbox"/> OVERLOAD <input type="checkbox"/> PRESS. SWITCH				
<input type="checkbox"/> THERMOSTAT				
<input type="checkbox"/> O.K. <input type="checkbox"/> REPLACE				
<input type="checkbox"/> RELOCATE				
TRAVEL TIME				
TIME ARRIVED _____				
TIME DEPARTED _____				
TRAVEL TIME _____				
MILEAGE				
ENDING _____				
START _____				
TOTAL MILES _____				
X /HR.= _____				
X /MI.= _____				
TRIP CHARGE \$ _____				



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 Phone: (910) 350-2665
 Fax: (910) 452-7913

20M

LIC. # 10790 LIC. # 26302

NAME _____		E-MAIL _____		DATE / /
STREET _____				DATE ORDERED / /
CITY _____		STATE _____	ZIP _____	DATE SCHEDULED / /
MAKE _____	MODEL _____	SERIAL NUMBER _____		PHONE / /
JOB LOCATION _____				WK. OR CELL _____
				<input type="checkbox"/> WARRANTY
				<input type="checkbox"/> CONTRACT
				<input type="checkbox"/> SERVICE CONTRACT
				<input type="checkbox"/> NORMAL
				<input type="checkbox"/> RES <input type="checkbox"/> COMM.
				<input type="checkbox"/>
DESCRIPTION OF WORK				SERVICE

<input type="checkbox"/> RETROFIT APPLIED				
<input type="checkbox"/> REFRIGERANT ADDED				
TOTAL PARTS				
PARTS WARRANTY		WRITE OR CODE	AMOUNT	
All parts as recorded are warranted as per manufacturer specifications.			\$ _____	
LABOR GUARANTEE				
The labor charge as recorded here relative to the equipment serviced as noted, is guaranteed for a period of 30 days.				
We do not, of course, guarantee other parts than those we supply. If repairs later become necessary due to other defective parts, they will be charged separately.				
ELECTRICAL COMP'TS.		REFER MACH. USAGE		
<input type="checkbox"/> RELAYS <input type="checkbox"/> CONTACTORS				
<input type="checkbox"/> OVERLOAD <input type="checkbox"/> PRESS. SWITCH				
<input type="checkbox"/> THERMOSTAT				
<input type="checkbox"/> O.K. <input type="checkbox"/> REPLACE				
<input type="checkbox"/> RELOCATE				
TRAVEL TIME				
TIME ARRIVED _____				
TIME DEPARTED _____				
TRAVEL TIME _____				
MILEAGE				
ENDING _____				
START _____				
TOTAL MILES _____				
X /HR.= _____				
X /MI.= _____				
TRIP CHARGE \$ _____				

LABOR		REGULAR		OVERTIME	
TECH #1	HRS. @ _____	/HR. = _____	HRS. @ _____	/HR. = _____	
TECH #2	HRS. @ _____	/HR. = _____	HRS. @ _____	/HR. = _____	
AUTHORIZATION FOR DIAGNOSTIC X				CERT. # _____	
TECHNICIAN SIGNATURE _____				TOTAL OTHER CHARGES _____	

ENVIRONMENT CHECK LIST			
CHRG. CODE	TYPE	SYSTEM	QTY.
	REFRIG.		
①	RECOVERED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____
②	RECYCLED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____
③	RECLAIMED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____
	RETURNED TO THIS SYSTEM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____
④	DISPOSAL		
	NON USEABLE	YES <input type="checkbox"/> NO <input type="checkbox"/>	QTY. _____
⑤	DISPOSAL		

TERMS: DUE UPON COMPLETION	
I HAVE THE AUTHORITY TO ORDER THE ABOVE WORK AND DO SO ORDER AS OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL FINAL & COMPLETE PAYMENT IS MADE, AND IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER SHALL HAVE THE RIGHT TO REMOVE SAME AND THE SELLER WILL BE HELD HARMLESS FOR ANY DAMAGES RESULTING FROM THE REMOVAL THEREOF.	
OUR PERSONNEL RECOMMEND: _____	
OWNER'S INITIALS ACCEPTED _____ DECLINED _____	
AUTHORIZED SIGNATURE _____	
ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY. DATE / /	
TOTAL AMOUNT DUE _____	