

| CHECK LIST | QUANTITY | ITEM OR PART DESCRIPTION | PRICE | AMOUNT |
|------------|----------|--------------------------|-------|--------|
|------------|----------|--------------------------|-------|--------|

|  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> <b>COMPRESSOR</b>                               |  |  |  |  |
| <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"/> <b>CONDENSER COIL</b>                           |  |  |  |  |
| <input type="checkbox"/> CLEAN COIL & CHECK FIN COND.                    |  |  |  |  |
| <input type="checkbox"/> ENT _____ °F LVG _____ °F                       |  |  |  |  |
| <input type="checkbox"/> <b>REFRIGERANT</b>                              |  |  |  |  |
| <input type="checkbox"/> LEAK <input type="checkbox"/> CHARGE            |  |  |  |  |
| <input type="checkbox"/> <b>FAN AND MOTOR</b>                            |  |  |  |  |
| <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"/> <b>EVAPORATOR COIL</b>                          |  |  |  |  |
| <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"/> <b>CONDENSATE AREAS</b>                         |  |  |  |  |
| <input type="checkbox"/> INSPECT & CLEAN DRAIN PAN                       |  |  |  |  |
| <input type="checkbox"/> INSPECT & CLEAN DRAIN                           |  |  |  |  |
| <input type="checkbox"/> <b>AIR FILTERS</b>                              |  |  |  |  |
| <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED       |  |  |  |  |
| FILTER SIZE: _____   |  |  |  |  |
| <input type="checkbox"/> <b>HEATING ASSY.</b>                            |  |  |  |  |
| <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"/> <b>ELECTRICAL COMP'TS.</b>                      |  |  |  |  |
| <input type="checkbox"/> RELAYS <input type="checkbox"/> CONTACTORS      |  |  |  |  |
| <input type="checkbox"/> OVERLOAD <input type="checkbox"/> PRESS. SWITCH |  |  |  |  |
| <input type="checkbox"/> <b>THERMOSTAT</b>                               |  |  |  |  |
| <input type="checkbox"/> O.K. <input type="checkbox"/> REPLACE           |  |  |  |  |
| <input type="checkbox"/> RELOCATE  |  |  |  |  |
| <b>TRAVEL TIME</b>   |  |  |  |  |
| TIME ARRIVED _____   |  |  |  |  |
| TIME DEPARTED _____  |  |  |  |  |
| TRAVEL TIME _____  |  |  |  |  |
| <b>MILEAGE</b>   |  |  |  |  |
| ENDING _____   |  |  |  |  |
| START _____  |  |  |  |  |
| TOTAL MILES _____  |  |  |  |  |
| X /HR.= _____  |  |  |  |  |
| X /MI.= _____  |  |  |  |  |
| TRIP CHARGE \$ _____   |  |  |  |  |



6713 Netherlands Drive  
 Wilmington, NC 28405  
 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 _____ |           | <input type="checkbox"/> WARRANTY<br><input type="checkbox"/> CONTRACT<br><input type="checkbox"/> SERVICE CONTRACT<br><input type="checkbox"/> NORMAL<br><input type="checkbox"/> RES <input type="checkbox"/> COMM.<br><input type="checkbox"/> |
| JOB LOCATION _____         |             |                     |           |   |
| <b>DESCRIPTION OF WORK</b> |             |                     |           | <b>SERVICE</b>  |

RETROFIT APPLIED

REFRIGERANT ADDED

**TOTAL PARTS**

| PARTS WARRANTY   | WRITE OR CODE | AMOUNT   |
|--|---------------|----------|
| All parts as recorded are warranted as per manufacturer specifications.  |               | \$ _____ |
| <b>LABOR GUARANTEE</b>   |               |          |
| 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. |               |          |
| <b>TOTAL OTHER CHARGES</b>   |               | \$ _____ |

**AUTHORIZATION FOR DIAGNOSTIC X**

| LABOR | TECH # | HRS. @ _____ | REGULAR /HR.= _____ | OVERTIME | HRS. @ _____ | REGULAR /HR.= _____ | OVERTIME | CERT. # _____ | TOTAL OTHER CHARGES |
|-------|--------|--------------|---------------------|----------|--------------|---------------------|----------|---------------|---------------------|
|       |        |              |                     |          |              |                     |          |               |                     |
|       | #1     |              |                     |          |              |                     |          |               |                     |
|       | #2     |              |                     |          |              |                     |          |               |                     |

**ENVIRONMENT CHECK LIST**

| CHRG. CODE | TYPE                     | SYSTEM                       |                             | QTY.  | EQUIPMENT | REFRIGERANT DISPOSAL |
|------------|--------------------------|------------------------------|-----------------------------|-------|-----------|----------------------|
|            |                          | REFRIG.                      | DIS-MANTLED?                |       |           |                      |
| ①          | RECOVERED?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |           |                      |
| ②          | RECYCLED?                | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |           |                      |
| ③          | RECLAIMED?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |           |                      |
|            | RETURNED TO THIS SYSTEM? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |           |                      |
| ④          | DISPOSAL                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |           |                      |
|            | NON USEABLE              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |           |                      |
| ⑤          | DISPOSAL                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | _____ |           |                      |

**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.

|                         |  |  |  |  |
|-------------------------|--|--|--|--|
| <b>SUB-TOTAL</b>        |  |  |  |  |
| <b>TRIP CHARGE</b>      |  |  |  |  |
| <b>TAX</b>              |  |  |  |  |
| <b>TOTAL AMOUNT DUE</b> |  |  |  |  |

OUR PERSONNEL RECOMMEND: \_\_\_\_\_

OWNER'S INITIALS  
 ACCEPTED \_\_\_\_\_ DECLINED \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

ABOVE ORDERED WORK HAS BEEN COMPLETED AND I ACKNOWLEDGE RECEIPT OF MY COPY. DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**X** \_\_\_\_\_