



CUSTOM MADE INDOOR WEATHER™



TOTAL COMFORT
HEAT AND AIR CONDITIONING, INC.
ORMOND BCH. 904-672-8494 PALM COAST 904-439-5238
DELAND 904-734-8064
LICENSE # CAC029376 • # ER0013283



PRECISION TUNE-UP AND SAFETY CHECK-UP REPORT

Reference #: _____ Date: _____

Customer Name _____

Address _____

City _____ State _____ Zip _____ Phone # _____

System# _____ Air Conditioning Heat Pump Straight Cool Heating

EVAPORATOR OR BLOWER:

Manufacturer _____
Model # _____
Serial # _____
Tonnage: _____ tons
Approx. Age: _____ years
Cabinet Cond: Good Fair Poor
Motor Amperage: _____ amps
Motor Lubricated: Yes No NA
Blower Cond: Good Fair Poor
Bearings: Good Fair Worn
Clean Evaporator Coil*: Yes No
*additional charge may apply if coil needs to be pulled
Flush Drain: Yes No NA
Ck Float Switch: Yes No NA
Add Drain Tabs: Yes No NA
Add Pan Guards: Yes No NA
Condensate Pump: Yes No NA

CONDENSER/PACKAGE UNIT:

Manufacturer _____
Model # _____
Serial # _____
Tonnage: _____ tons
Approx. Age: _____ years
Cabinet Cond: Good Fair Poor
Head Pressure: _____ psi
Suction Pressure: _____ psi
Charge Within Factory Specs: Yes No
Compressor Amperage: _____ amps
Fan Amperage: _____ amps
Fan Blade Cond: Good Fair Poor
Motor Lubricated: Yes No NA
Clean Cond. Coil: Yes No NA
Contactor Point: Yes No NA
Accumulator: Yes No NA
Drier(s): Yes No NA
Reversing Valve: Yes No NA
Crankcase Heater: Yes No NA
Defrost Controls: Yes No NA
Added Refrigerant: Yes _____ lbs. NA
Tubing Size: Liquid Line _____ in
Suction Line _____ in
Temp. Drop/Rise Across Coil In Degrees:
In _____ Out _____ Split _____
Outside Ambient Temperature: _____

ELECTRIC HEAT STRIPS:

KW Size: _____
Check Operation: Yes No
Amperage: _____

OIL OR GAS:

BTU Rating: _____
Approx. Age: _____
Chamber: Good Fair Poor
Check Flame Color: Yes No
Check Pilot Light: Yes No
Check Burner: Yes No
Check Thermocouple: Yes No
Check Gas Connect: Yes No
Check Gas Valve: Yes No
Check Flame: Yes No
Check Flue Pipe: Yes No
Check Oil Filter: Yes No
Check Oil Nozzle: Yes No

INDOOR AIR QUALITY:

Filter(s): Cleaned Replaced
Filter Size(s): _____
*additional charge may apply for cleaning or replacement of filters
Pleated Filter(s): Yes No
Electrostatic Filter(s): Yes No
Hog Hair Filter(s): Yes No
Disposable Filter(s): Yes No
Electronic Air Cleaner: Yes No
Duct Work: Good Fair Poor

MISCELLANEOUS:

Clean Unit (Inside/Out): Yes No
Tighten Elec. Connection: Yes No
Calibrate T'stat: Yes No
Place Decal On Unit: Yes No
Check Safety Controls Run Through Complete Cycle: Yes No
Vacuum Ret. Grille: Yes No
Check Zoning Controls: Yes No
Recover Ventilator: Yes No

The Following Corrective Action Is Recommended: _____

THANK YOU for the opportunity to do your service work.

If you have any questions or comments, please do not hesitate to ask our technician or give our office a call.

Technician _____ Customer Signature _____

THE BEST PRECISION TUNE-UP AND SAFETY CHECK GUARANTEED - OR IT'S FREE!