

WINTER MAINTENANCE REPORT

Your Company Name

Address

City, State Zip Code

Phone Number

		REPORT DATE	MO.	DAY	YEAR
CUSTOMER	CONTRACT #	INDOOR D.B. _____ W.B. _____ OUTDOOR D.B. _____ W.B. _____			
STREET					
CITY					
STATE	ZIP				

PHONE _____	PHONE _____	PHONE _____
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MODEL NO. _____ VOLTAGE _____ SERIAL NO. _____ PHASE _____ NAME PLATE AMPERAGE _____ MEASURED AMPERAGE _____ RETURN AIR TEMP. _____ DISC. AIR TEMP. _____ TEMP. RISE _____ HUMIDIFIER MODEL # _____ AIR CLEANER MODEL # _____ <input type="checkbox"/> CLEANED FILTER <input type="checkbox"/> REPLACED FILTER <input type="checkbox"/> CLEANED BURNERS <input type="checkbox"/> CLEANED BURNERS <input type="checkbox"/> CHECKED COMBUSTION <input type="checkbox"/> ADJUSTED COMB. <input type="checkbox"/> CHECKED FLUE <input type="checkbox"/> CHECKED CONDENSATE <input type="checkbox"/> CHECKED HEAT EXCHANGER <input type="checkbox"/> CHECKED BELTS <input type="checkbox"/> REPLACED BELTS <input type="checkbox"/> OILED MOTOR <input type="checkbox"/> AIR CLEANER MAINTENANCE <input type="checkbox"/> CHECKED SAFETIES <input type="checkbox"/> REPLACED WATER PANEL <input type="checkbox"/> CLEANED FURNACE <input type="checkbox"/> CHECKED THERMOSTAT <input type="checkbox"/> CHECKED AIR FLOW <input type="checkbox"/> CHECKED BLOWER FAN <input type="checkbox"/> CLEANED FAN _____ _____ COMMENTS: _____ _____ _____	MODEL NO. _____ VOLTAGE _____ SERIAL NO. _____ PHASE _____ NAME PLATE AMPERAGE _____ MEASURED AMPERAGE _____ RETURN AIR TEMP. _____ DISC. AIR TEMP. _____ TEMP. RISE _____ HUMIDIFIER MODEL # _____ AIR CLEANER MODEL # _____ <input type="checkbox"/> CLEANED FILTER <input type="checkbox"/> REPLACED FILTER <input type="checkbox"/> CLEANED BURNERS <input type="checkbox"/> CLEANED BURNERS <input type="checkbox"/> CHECKED COMBUSTION <input type="checkbox"/> ADJUSTED COMB. <input type="checkbox"/> CHECKED FLUE <input type="checkbox"/> CHECKED CONDENSATE <input type="checkbox"/> CHECKED HEAT EXCHANGER <input type="checkbox"/> CHECKED BELTS <input type="checkbox"/> REPLACED BELTS <input type="checkbox"/> OILED MOTOR <input type="checkbox"/> AIR CLEANER MAINTENANCE <input type="checkbox"/> CHECKED SAFETIES <input type="checkbox"/> REPLACED WATER PANEL <input type="checkbox"/> CLEANED FURNACE <input type="checkbox"/> CHECKED THERMOSTAT <input type="checkbox"/> CHECKED AIR FLOW <input type="checkbox"/> CHECKED BLOWER FAN <input type="checkbox"/> CLEANED FAN _____ _____ COMMENTS: _____ _____ _____	MODEL NO. _____ VOLTAGE _____ SERIAL NO. _____ PHASE _____ NAME PLATE AMPERAGE _____ MEASURED AMPERAGE _____ RETURN AIR TEMP. _____ DISC. AIR TEMP. _____ TEMP. RISE _____ HUMIDIFIER MODEL # _____ AIR CLEANER MODEL # _____ <input type="checkbox"/> CLEANED FILTER <input type="checkbox"/> REPLACED FILTER <input type="checkbox"/> CLEANED BURNERS <input type="checkbox"/> CLEANED BURNERS <input type="checkbox"/> CHECKED COMBUSTION <input type="checkbox"/> ADJUSTED COMB. <input type="checkbox"/> CHECKED FLUE <input type="checkbox"/> CHECKED CONDENSATE <input type="checkbox"/> CHECKED HEAT EXCHANGER <input type="checkbox"/> CHECKED BELTS <input type="checkbox"/> REPLACED BELTS <input type="checkbox"/> OILED MOTOR <input type="checkbox"/> AIR CLEANER MAINTENANCE <input type="checkbox"/> CHECKED SAFETIES <input type="checkbox"/> REPLACED WATER PANEL <input type="checkbox"/> CLEANED FURNACE <input type="checkbox"/> CHECKED THERMOSTAT <input type="checkbox"/> CHECKED AIR FLOW <input type="checkbox"/> CHECKED BLOWER FAN <input type="checkbox"/> CLEANED FAN _____ _____ COMMENTS: _____ _____ _____
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SIGNATURE: _____ DATE: _____