



1212 27<sup>th</sup> Street  
 Kenner, LA 70062  
 Phone 504/469-4232 Fax 504/466-3370

# Preventive Maintenance Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name: \_\_\_\_\_

M.A.#: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

City: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Condenser	Brand: _____	Model: _____	Serial #: _____
Air Handler/Coil	Brand: _____	Model: _____	Serial #: _____
Furnace	Brand: _____	Model: _____	Serial #: _____
Location/Area Covered: _____			System #: _____

### Cooling System

**CONTROLS:**

Thermostat level and dust free? Y N

Fan switch operation OK? Y N

System switch OK? Y N

**FILTERS:**

Are filters installed and clean? Y N

Qty: \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_

Qty: \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_

**SUPPLY BLOWER:**

Check blower wheel alignment: Y N

Is blower wheel connection to shaft tight? Y N

Is blower wheel clean? Y N

Are all belts tight and in good shape? N/A \_\_\_\_\_ Y N

Oil blower motor: N/A \_\_\_\_\_ (Sealed Motor) Y N

Blower motor: Amps \_\_\_\_\_ Volts \_\_\_\_\_ NPA \_\_\_\_\_

**EVAPORATOR AND DRAINS:**

Is condensate drain clear? Y N

\* Surgi's is not responsible for water damage

Run unit and check safety float switch: Y N

Are any ducts leaking air or sweating? Y N

Is main drain trapped properly? Y N

Is evaporator coil clean & in good physical shape? Y N

Bleach in drain? Y N

**CONDENSING UNIT:**

Wash and wax condenser cabinet? Y N

Condenser coil cleaned? Y N

Are condenser coil fins visibly damaged? Y N

Was cond. fan motor oiled? N/A \_\_\_\_\_ (Sealed) Y N

Were leaves removed from inside condenser? Y N

Is disconnect in good shape? Y N

Does contactor show any sign of pitting? Y N

Rubbatex in good condition? Y N

Sealtight in good condition? Y N

All elec. Components and safety controls checked: Y N

Cond. Nameplate Voltage \_\_\_\_\_ NP Amps \_\_\_\_\_

Actual Voltage \_\_\_\_\_ NP Amps \_\_\_\_\_

Pressure: High \_\_\_\_\_ Low \_\_\_\_\_

**Surgi's sticker on condenser?** Y N

Audio level: LOUD ACCEPTABLE LOW

Comments/Recommendations: \_\_\_\_\_

### Heating System

**CONTROLS:**

Thermostat level and dust free? Y N

Fan switch operation OK? Y N

System switch OK? Y N

**FILTERS:**

Are filters installed and clean? Y N

Qty: \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_

Qty: \_\_\_\_\_ Size: \_\_\_\_\_ X \_\_\_\_\_

**ELECTRIC HEAT:**

Temperature Rise: R/A \_\_\_\_\_ S/A \_\_\_\_\_ T/D \_\_\_\_\_

Voltage to Elements: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Amp Draw: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_ #4 \_\_\_\_\_

Do element limits work properly? Y N

**GAS FURNACE:**

Dust furnace,coil cabinet, transition & plenum? Y N

Clean attic around furnace/coil/plenum? Y N

Check gas line to shut-off for possible gas leaks? Y N

Check condition of flue pipe and cap: Y N

Clean and check burners: Y N

Inspect heat exchanger: Y N

Inspect and adjust thermocouple: Y N

Clean and adjust pilot? N/A \_\_\_\_\_ Y N

Is electronic ignition working properly? N/A \_\_\_\_\_ Y N

Inducer motor \_\_\_Free \_\_\_Amps \_\_\_Volts \_\_\_N/A

Temperature Rise: R/A \_\_\_\_\_ S/A \_\_\_\_\_ T/D \_\_\_\_\_

Check Carbon Monoxide Levels: Y N

Test burner safety limits Y N

**HEAT PUMP:**

Initiate and test defrost cycle: Y N

Defrost sensor was checked and properly positioned: Y N

**GENERAL SYSTEM:**

Overall system comfort level in home:

**ACCEPTABLE UNACCEPTABLE**

Customer was instructed on the following items:

Stat Operation? \_\_\_\_\_ Equip. Operation? \_\_\_\_\_

Filter Maintenance? \_\_\_\_\_ Planned Maintenance? \_\_\_\_\_

Technician \_\_\_\_\_ Date \_\_\_\_\_

Customer's Acknowledgement \_\_\_\_\_ Date \_\_\_\_\_