

CUSTOMER TESTIMONIALS

"I want to thank you for offering the Total Home Care Club. Last year, during the storm we had, I knew R&J Services would be there for my wife and me. We were able to have a technician out to fix my problem the same day I called, while one of my friends relied on her utility company's membership plan. She wasn't able to get someone out for close to a week! Priority scheduling makes the Total Home Care Club worth it for me. You have a customer for life! Thank you R&J Services!"

— Karen and Todd M.
West Chester, PA

"We wanted to thank you for always taking care of us, R&J Services. Your Total Home Care Club has helped us greatly since we moved into our new home. The checkups keep me from worrying, and the coupon sheet has saved me so much money on repairs I needed to have done. I will be sure to tell all my friends to enroll in the Total Home Care Club because I know first hand how great the benefits are. Thanks again!"

— Robert and Kelly R.
Allentown, PA

MEMBERSHIP COMPARISON	Other Companies	Total Home Care Club Member
Priority Scheduling	✗ No	✓ Yes
Guaranteed Response Time	✗ No	✓ Yes
Service Fee	✗ \$69 or more	✓ Free
Plumbing Checkup	✗ No	✓ Included
Heating High Performance Checkup	✗ Heat: \$254 or more	✓ Included
A/C High Performance Checkup	✗ A/C: \$283 or more	✓ Included
Money Saving Coupons	✗ No	✓ Included

Protect your investments with HOME CARE CHECKUPS

HEATING & BOILER SYSTEM

- Check all the burners for proper operation
- Check thermocouple for proper operation
- Check the heat exchanger surface
- Check the flue pipe
- Lubricate pumps, bearings, and fans (if applicable)
- Check the inducer and blower motors
- Check and tighten all electrical connections
- Check the safety switch and controls
- Check the pilot assembly
- Check temperature and pressures
- Check thermostat for proper operation
- Check drain lines and traps for proper function
- Test and label emergency shutoffs
- Check gas valve
- Check zone valves
- Check expansion tank
- Check aquastat, relay and water regulator
- Check air flow across indoor coil and blower wheels
- Check ductwork for leaks
- Start and test operation and cycle of unit
- Check air flow
- Check humidifier/dehumidifier

Annual checkups can prevent over 70% of all furnace repairs as well as improve your system's efficiency by up to 16% — saving you money!

COOLING & HEAT PUMP SYSTEM

- Check condenser coil
- Check evaporator coil
- Check blower motor
- Check refrigerant charge
- Lubricate motor, bearings, and fans (if applicable)
- Check and tighten all electrical connections
- Check temperature and pressures

- Check thermostat for proper operation
- Test and label emergency shutoffs
- Check controls and safety devices
- Check capacitors
- Check condensate drain
- Check relays and contactors for proper operation
- Check ductwork for leaks
- Check proper amperage and voltage of A/C system
- Start and test operation and cycle of unit
- Check air flow
- Check humidifier/dehumidifier

By keeping your central A/C system in top working order with annual maintenance, you can cut your monthly energy costs by about 25% and reduce breakdowns by as much as 95%!

PLUMBING & DRAIN CLEARING SYSTEM

- Check water pressure
- Test drinking water
- Check washing machine hoses
- Check all faucets for leaks to ensure proper operation
- Dye test toilets to check for leaks to ensure proper operation
- Check all drains for proper flow
- Provide BioOne treatment to all drains and toilets
- Check garbage disposals for proper operation
- Check all emergency shutoff valves for proper operation
- Label all shutoffs at locations
- Check all under sink traps and shutoffs
- Check main water meter
- Check all outside spigots
- Water heater check off

- Gas or Electric
- Safety Valve
- Gas Shut Off
- Shut Off Valve
- Draft
- Wiring
- Thermostats on 120F

Did you know that one leaking toilet and a dripping faucet can waste over 50,370 gallons of water a year?

TOTAL HOME CARE CLUB



EXCLUSIVE MEMBER BENEFITS

- **Free Consultation** — We will gladly assess any repair needs within your plan(s) and provide options at no additional charge to you for the duration of your club membership.
- **Priority Scheduling** — Whether you're calling for routine or emergency service, you will receive the earliest available scheduling.
- **15% Member Rate Discount**
- **Money Saving Coupons**
- **Club Card**
- **High Performance Checkups**
- **24/7 Great Service Discount** — If you require emergency service, you will never pay a premium fee.
- **Fast, Free Financing**
- **Live Technical Assistance**

610-333-7278
rjservicesair.com

235 East Market Street • West Chester, PA 19382

610-333-7278

rjservicesair.com

HEATING • COOLING • PLUMBING • SALES • SERVICE • DESIGN • INSTALLATION

Plumbing Checkup Date _____

Water Heater Model _____

Serial Number _____

Master Bath

- | | G | F | P |
|-------------------------|--------------------------|--------------------------|--------------------------|
| 1. Water Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. W/C Dye Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. W/C Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lav Faucet Left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lav Drain Flow Left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lav Piping Left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Lav Faucet Right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Lav Drain Flow Right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Lav Piping Right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Tub Faucet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Tub Drain Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Tub Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Shower Faucet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Shower Drain Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Shower Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Other _____ | | | |

2nd Floor Bath

- | | G | F | P |
|---------------------------|--------------------------|--------------------------|--------------------------|
| 1. Water Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. W/C Dye Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. W/C Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lav Faucet Left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lav Drain Flow Left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lav Piping Left | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Lav Faucet Right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Lav Drain Flow Right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Lav Piping Right | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Tub/Shower Faucet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Tub/Shower Drain Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Tub/Shower Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Other _____ | | | |

Laundry Room

- | | G | F | P |
|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Dryer Vent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Laundry Tub | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Laundry Tub Faucet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Laundry Tub Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Washer Box Drain Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Washer Hoses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other _____ | | | |

1/2 Bath

- | | G | F | P |
|-------------------|--------------------------|--------------------------|--------------------------|
| 1. Water Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. W/C Dye Test | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. W/C Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lav Faucet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lav Drain Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lav Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Other _____ | | | |

Kitchen

- | | G | F | P |
|---------------------|--------------------------|--------------------------|--------------------------|
| 1. Faucet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Faucet Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sink Drain Flow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Sink Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Garbage Disposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Sump Pump

- | | G | F | P |
|----------------------|--------------------------|--------------------------|--------------------------|
| 1. Sump Pump Exists? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sump Pump Runs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Electric Plug | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Check Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Battery Backup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Battery Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Water Heater

- | | G | F | P |
|------------------------|--------------------------|--------------------------|--------------------------|
| 1. Gas or Electric | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Safety Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Shut Off Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Wiring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Flue Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Gas Shut Off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Draft | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Expansion Tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Thermostats on 120F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Water Conditioner

- | | G | F | P |
|-------------------------|--------------------------|--------------------------|--------------------------|
| 1. Equipment Present | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Waste Pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Water Pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Hangers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Outside Faucet Front | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Backflow Prevention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Outside Faucet Back | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Test Drinking Water

- | | G | F | P |
|-------------------|--------------------------|--------------------------|--------------------------|
| 1. pH _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. TDS _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Hardness _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Iron _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Chlorine _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Main Water Service

- | | G | F | P |
|------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Main Water Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Water Pressure Reg. Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. House or Water Pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. House on Well Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G F P

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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G F P

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Boiler Checkup Date _____

Bolier Model _____

Serial Number _____

- | | G | F | P |
|---|--------------------------|--------------------------|--------------------------|
| 1. Burners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Relief Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Backflow Preventer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Fast Fill Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Low Water Cut Off | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Exhaust Piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Electric Connections & Wire Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Safety Switches & Limit Control | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ignition Module | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pilot Assembly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Hot Surface Ignitor or Spark Rod | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Check for gas leaks from gas cock to boiler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Circulator(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Zone Valves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Flow Controls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Vents (air eliminators/steam radiator valves) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Water Feeder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Sight Glass & Isolation Valves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Check Pig Tail for Pressuretrol | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Expansion Tank | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Flame Sensor ____ua | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Gas Pressure _____ W.C. from manifold | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Water Temp ____F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Water Pressure _____PSI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Stem Pressure Switch Setting _____PSI | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Condenser1/Heat Pump1 Checkup Date _____

A/C Model _____

Serial Number _____

- | | G | F | P |
|--|--------------------------|--------------------------|--------------------------|
| 1. Contactor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Capacitor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Electric Connections & Wire Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Condenser Coil Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Inside Condenser System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Low Pressure Switch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. High Pressure Switch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Evaporator Coil Drain line & trap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Condensate Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Reversing Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Defrost Board | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Electric Strip Heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|------------------------------------|--------------------------|--------------------------|
| 13. Disconnects | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Compressor Amps _____ | | |
| 16. Condenser Fan Motor Amps _____ | | |
| 17. OD Temp ____F | | |
| 18. ID Temp ____F | | |
| 19. Temp Difference ____F | | |
| 20. Refrigerant Type _____ | | |
| 21. Low Side Pressure _____PSI | | |
| 22. High Side Pressure _____PSI | | |
| 23. Approach ____F | | |
| 24. Subcooling ____F | | |
| 25. Superheat ____F | | |

Furnace1/Air Handler1 Checkup Date _____

Furnace Model _____

Serial Number _____

- | | | |
|--|--------------------------|--------------------------|
| 1. Burners | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Heat Exchanger | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Exhaust Pipe | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Blower Wheel Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Blower Motor Capacitor | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Electric Connections & Wire Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Safety Switch & Limit Controls | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ignition Module or Circuit Board | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pilot Assembly | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Hot Surface Ignitor or Spark Rod | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Check for gas leaks from gas cock to furnace | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Thermostat Operation | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Drain Line & Trap | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Condensate Pump | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Check Accessories (Humid/EAC/Etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Evaporator Coil Condition (Access Needed) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Inducer Motor ____Amps | | |
| 18. Blower Motor ____Amps | | |
| 19. Flame Sensor ____ua | | |
| 20. Gas Pressure _____ W.C. from manifold | | |
| 21. Temp Rise ____ F | | |
| 22. Furnace Tag Rise ____F | | |
| 23. Filter(s) Type _____ | | |
| 24. Filter(s) Size _____ | | |
| 25. Filter Condition | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Indoor Temp ____F at thermostat | | |

Condenser2/Heat Pump2 Checkup Date _____

A/C Model _____

Serial Number _____

- | | G | F | P |
|--|--------------------------|--------------------------|--------------------------|
| 1. Contactor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Capacitor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Electric Connections & Wire Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Condenser Coil Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Inside Condenser System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Low Pressure Switch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. High Pressure Switch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Evaporator Coil Drain line & trap | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Condensate Pump | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Reversing Valve | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Defrost Board | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Electric Strip Heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Disconnects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Thermostats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Compressor Amps _____ | | | |
| 16. Condenser Fan Motor Amps _____ | | | |
| 17. OD Temp ____F | | | |
| 18. ID Temp ____F | | | |
| 19. Temp Difference ____F | | | |
| 20. Refrigerant Type _____ | | | |
| 21. Low Side Pressure _____PSI | | | |
| 22. High Side Pressure _____PSI | | | |
| 23. Approach ____F | | | |
| 24. Subcooling ____F | | | |
| 25. Superheat ____F | | | |

Furnace2/Air Handler2 Checkup Date _____

Furnace Model _____

Serial Number _____

- | | G | F | P |
|--|--------------------------|--------------------------|--------------------------|
| 1. Burners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Heat Exchanger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Exhaust Pipe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Blower Wheel Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Blower Motor Capacitor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Electric Connections & Wire Condition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Safety Switch & Limit Controls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Ignition Module or Circuit Board | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pilot Assembly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Hot Surface Ignitor or Spark Rod | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 11. Check for gas leaks from gas cock to furnace | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Thermostat Operation | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Drain Line & Trap | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Condensate Pump | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Check Accessories (Humid/EAC/Etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Evaporator Coil Condition (Access Needed) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Inducer Motor ____Amps | | |
| 18. Blower Motor ____Amps | | |
| 19. Flame Sensor ____ua | | |
| 20. Gas Pressure _____ W.C. from manifold | | |
| 21. Temp Rise ____ F | | |
| 22. Furnace Tag Rise ____F | | |
| 23. Filter(s) Type _____ | | |
| 2 | | |