

# BASE HOUSING WORKSHEET

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

WO# \_\_\_\_\_ PM COMPLETED Yes / No

Flush Drain Line Yes / No Heat Exchanger Inspection Yes / No

Blower Motor Amp Draw Reading \_\_\_\_\_

Inducer Motor Amp Draw Reading \_\_\_\_\_

Capacitor Check Yes / No

Filter Check Yes / No Filter Replaced Yes / No

Thermostat Inspection Yes / No

Operation Check Yes / No

REPAIR / ESTIMATE NEEDED? Yes / No SVC REPAIR SHEET Yes / No

MFG \_\_\_\_\_ TECH \_\_\_\_\_

M# \_\_\_\_\_

S# \_\_\_\_\_

Voltage 460 230 115 Phase 1 3 Condition E G F R

PARTS USED.....

QUAN	PART NO.	DESCRIPTION	AMOUNT
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DESCRIPTION \_\_\_\_\_

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ADDITIONAL \_\_\_\_\_

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Continue on back Y / N