

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

_____/_____/_____/_____

_____/_____/_____/_____

DESCRIPTION _____

ADDITIONAL _____

_____ Continue on back Y / N