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| **New Equipment List** |
| Furnace | Condensing Unit |
| Evaporator Coil | Humidifier  |
| Air Cleaner | T-Stat |
| Hot Water Boiler | Steam Boiler |
| Zoning System | IAQ Home Products |

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| **Equipment Checklist** |
|  | **Yes** | **No** | **N/A** |
| Equipment is Level |  |  |  |
| Insulation Pads Installed |  |  |  |
| Condensation Piping Complete |  |  |  |
| Drain Pan Level |  |  |  |
| Float Switch Installed if Unit Over Finished Space |  |  |  |
| T-stat Level |  |  |  |
| T-stat Calibrated |  |  |  |
| T-stat Heat Anticipator Properly Adjusted |  |  |  |
| Furnace is Venting Properly  |  |  |  |
| **Piping** |
| Gas piping leaks checked |  |  |  |
| Drip leg installed |  |  |  |
| Gas piping 100% complete |  |  |  |
| Gas is turned on |  |  |  |
| New gas shut-off installed |  |  |  |
| Refrigerant charge checked |  |  |  |
| **Accessories** |
| T-stat operation explained |  |  |  |
| Humidifier operation checked |  |  |  |
| Humidifier operation explained |  |  |  |
| Air cleaner operation checked |  |  |  |
| Air cleaner operation explained |  |  |  |
| Air Purifier operation checked |  |  |  |
| **Ductwork** |
| All ductwork sealed/neat/complete |  |  |  |
| All insulation neat & complete  |  |  |  |
| All ducts attached to grilles |  |  |  |
| All grilles attached to ductwork |  |  |  |
| Filters installed in unit |  |  |  |
| All Air ducts strapped securely |  |  |  |

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| **Operation** |
|  | **Yes** | **No** | **N/A** |
| Heat system started & operated |  |  |  |
| Cool system started & operated |  |  |  |
| Float switch operation checked |  |  |  |
| Condensate pump run checked |  |  |  |
| **General** |
| Work area has been vacuumed and cleaned  |  |  |  |
| All materials & tools removed from house |  |  |  |
| Yard is free of trash, cigarette butts, etc. |  |  |  |
| “NOTICE” sticker installed |  |  |  |
| Floorsavers & drop-cloths used on finished space inside |  |  |  |
| Instructions left with owner |  |  |  |
| Operation of new t-stat & furnace explained |  |  |  |

Homeowner is 100% Satisfied

|  |  |
| --- | --- |
|  **Yes** |  **No** |

I hereby declare that this jobsite has been supervised by me.

This system is in accordance with ABC’s “Quality Assurance Guidelines.”

We are proud to have serviced this customer.

Supervision Installer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_