



73 OLIVER STREET
COHOES, NY 12047
(518) 235-0170

HEATING & COOLING

AIR CONDITIONING & HEAT PUMP

PEAK PERFORMANCE INSPECTION REPORT

Date _____ Customer _____ Phone _____

Address _____

Brand _____ Unit Model # _____ S# _____

UNIT RUNNING PRIOR TO INSPECTION

___ YES ___ NO

AMBIENT TEMP _____

CHECK BLOWER WHEEL ___ Y ___ N

CONDENSATE PUMP WORKING ___ YES ___ NO ___ NA

EVAP FAN RLA _____

CONDENSATE DRAIN CLEAR ___ Y ___ N

EVAP IN TEMP _____

ANY DUCT LEAKS ___ Y ___ N

EVAP OUT TEMP _____

THERMOSTAT OK ___ Y ___ N

EVAP SPLIT _____

CHECK AIR FILTER ___ Y ___ N

TXV

FIXED ORIFICE

LIQUID TEMP _____

SUCTION TEMP _____

LIQUID PRESSURE _____

SUCTION PRESS _____

SUBCOOLING _____

SUPERHEAT _____

TXV BULB INSULATED ___ Y ___ N

IS SYSTEM PROPERLY CHARGED ___ Y ___ N

IS SYSTEM PROPERLY CHARGED ___ Y ___ N

IS CONDENSER CLEAN ___ Y ___ N

CONDENSER FAN AMPS _____

LUBE CONDENSER FAN MOTOR ___ Y ___ N ___ SEALED BEARING

COMPRESSOR AMPS _____

FINS BENT ___ Y ___ N

ALL ELECTRICAL COMPONENTS AND SAFETY CONTROLS CHECKED ___ Y ___ N

ALL ELECTRICAL CONNECTIONS TIGHTENED AS NECESSARY ___ Y ___ N

CAPACITOR _____ RATED MFD _____ ACTUAL MFD _____

CONTACTOR _____ L1 TO T1 VOLTS _____ L2 TO T2 VOLTS _____

CHECK PROPER AIR FLOW ___ Y ___ N

INSULATION OK ___ Y ___ N

SERVICE CAPS SECURE ___ Y ___ N

HEAT PUMP

CHECK DEFROST CYCLE ___ Y ___ N

CHECK CRANKCASE HEATER ___ Y ___ N

CHECK HEAT STRIPS ___ Y ___ N

CHECK REVERSING VALVE ___ Y ___ N

THIS UNIT IS OPERATING PROPERLY

_____ Yes _____ No

THE FOLLOWING CORRECTIVE ACTION IS REQUIRED: _____

Additional Comments _____

Technician's Name _____ Customer's Signature _____