

CUSTOMER INFORMATION

Name:		
Last	MI	First
Street Address		
,CT		
City/Town	Zip Code	
Phone No.		

VENDOR INFORMATION

Technician Name:
Last, First MI
Technician CT License No.
Company Name
Company Address

Clean, Tune, and Test System Checklist:

<input type="checkbox"/>	Check for oil leaks - supply lines and tank
<input type="checkbox"/>	Clean out firebox and remove soot build-up
<input type="checkbox"/>	Inspect heat exchanger for cracks
<input type="checkbox"/>	Replace the old oil nozzle
<input type="checkbox"/>	Clean, inspect, and adjust electrodes
<input type="checkbox"/>	Adjust combustion air
<input type="checkbox"/>	Oil the blower motor
<input type="checkbox"/>	Adjust the fuel pump pressure
<input type="checkbox"/>	Install new air filter (if a furnace)
<input type="checkbox"/>	Replace fuel filter
<input type="checkbox"/>	Clean out flue pipe and check chimney base
<input type="checkbox"/>	Check and adjust the draft regulator
<input type="checkbox"/>	Check and clean the oil primary controls
<input type="checkbox"/>	Clean pump strainer and inner housing
<input type="checkbox"/>	Test and adjust the heat anticipator on the wall thermostat
<input type="checkbox"/>	Run efficiency test to include stack flue gas measurement of oxygen, carbon dioxide, temperature, smoke and draft.

Test Results After C,T, &T:

Overfire Draft:	_____
Breach Draft:	_____
Smoke Reading:	_____
O or CO2 (%):	_____
CO P.P.M.:	_____
Net Stack Temp (F):	_____
Steady State Efficiency*:	
Before	_____
After	_____

*<75% = fair or poor performance;
>90% = excellent performance

Approx. Age of Heating System (years)

<input type="checkbox"/> <5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20
<input type="checkbox"/> 21-25		<input type="checkbox"/> >25	

Other System Repairs Needed/Recommended: (Please List)

Customer Referral and Billing Information

Customer Referred to Home Energy Solutions Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
OR			Referral date
Customer Referral from Home Energy Solutions Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	___/___/___
			HES Audit date
Customer has an existing heating system service contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Balance due (balance to be billed to OPM)	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200	

Signature

The customer's system has been properly serviced in accordance with the Checklist above and all system and billing information contained herein is true and correct.

Technician Signature	Date
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