

**CUSTOMER INFORMATION**

**VENDOR INFORMATION**

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

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

**Clean, Tune and Test System Checklist:**

**Test Results After C,T, &T:**

- Clean and check burner and pilot assembly
- Oil all motors on burners, fans, and circulators
- Safety check all operating controls
- Install new air filters
- Check gas tank
- Check for gas leaks at the main gas valve, the pilot assembly, and all accessible line couplings.
- Inspect the combustion chamber
- Clean and inspect flue pipe including chimney base and check the flue for proper draft
- Test for carbon monoxide levels
- Run an efficiency test to include stack flue gas measurement of carbon dioxide or oxygen and temperature, and adjust burner for maximum efficiency.

Breech Draft: \_\_\_\_\_

O or CO2 (%): \_\_\_\_\_

CO P.P.M.: \_\_\_\_\_

Net Stack Temp (F): \_\_\_\_\_

Steady State Efficiency\*:

Before \_\_\_\_\_

After \_\_\_\_\_

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

**Approx. Age of Heating System (years)**

<5    6-10    11-15    16-20  
 21-25    >25

**Other System Repairs Needed/Recommended: (Please List)**

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**Customer Referral and Billing Information**

Customer Referred to Home Energy Solutions Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	____/____/____ Referral date
OR		
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*

_____ Technician Signature	_____ Date
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