

Quality Installation Checklist

Customer Name _____ Phone _____

Job-Site Address _____ City _____

Equipment Information

Brand of Equipment _____ Installation Date ____/____/____

Furnace/Air Handler Model # _____ Serial # _____

Condenser/Package Model # _____ Serial # _____

Auxiliary Heater Kit Model # _____ Serial # _____

Cased Evaporator Coil Model # _____ Serial # _____

Drain Information

Drain line tested with gallon of water Drain Pan Condition: N/A Good Bad

P-Trap installed Proper drain fall Endcap on drain pan Float Switch Type: Inline Attached to pan

Vent Stack Insulated Trapped w/h clean out Drain Pressure: Negative Positive

Duct Information

Return duct size: _____ Supply duct size: _____ Air sealed with mastic Yes No

Return grille sizes ____x____ ____x____ ____x____ ____x____ Plenum used: Yes No

Filter installed: Yes No New duct work kinked or laying on ground: Yes No

Any concerns with existing ductwork? _____

Gas Information

Drip leg Painted Shut off valve Union LP Kit Gas pipe size _____

Type: Propane Gas Rated WC _____ Manifold WC _____ Supply WC _____

Electrical Information

Conduit strapped and in good condition: Yes No Float switch tested

Breaker/disconnect box in good condition: Yes No Max Overcurrent Protection _____

Air handler breaker size _____ wire size _____ Heater kit breaker size _____ wire size _____ RLA _____

Condenser breaker size _____ wire size _____ Package breaker size _____ wire size _____

Line set preparation

Line sets flushed Pressure test held at _____ psi for 10 min. Vacuum held at _____ microns for 5 min.

Operation Information

Run system for 15 minutes, then check.....

Delta T: Cooling _____ Heat (rated) _____ Blower speed _____ Indoor temp _____

Wet bulb _____ Outdoor ambient _____ Suction line temp _____ Liquid line temp _____

Superheat _____ Subcool _____ Suction pressure _____ psi Liquid pressure _____ psi

Heating AND Cooling Checked Yes No

Equipment Information

Unit level on all 4 sides Yes No Sheet metal level & silicone Yes No

Critter Guard in place & sealed with silicone Yes No Manual Sleeve Installed on unit Yes No

Jobsite clean: Yes No All trash removed: Yes No

Lead Tech Name: _____ Assistant Tech Name: _____