



Ohio Edison • The Illuminating Company • Toledo Edison

HVAC Tune Up Form

The following work items must be completed in order to qualify for a tune up incentive.

Checklist items marked as "No" have been corrected

Thermostat has been inspected for proper operation <input type="checkbox"/>	Thermostat is operating properly <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Air filter has been inspected <input type="checkbox"/>	Existing filter is clean or has been changed recently <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condensate drain has been inspected <input type="checkbox"/>	Condensate drain shows no sign of leakage <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Plumbing components and traps intact <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Drains free from obstruction <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Drain pan free of biological growth <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Evaporator coil has been inspected <input type="checkbox"/>	Coil free of contaminants that could restrict air flow <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Evaporator fan and motor has been inspected <input type="checkbox"/>	Fan or blower has tight connection with blower motor shaft <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Blower wheel is free of dust and debris <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Bearings are properly lubricated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
All accessible refrigerant lines have been inspected <input type="checkbox"/>	Line free of any leaks, kinks, crushed sections or restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Proper insulation in place <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser coil has been inspected <input type="checkbox"/>	Condenser coils have been brushed and combed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Condenser fins have been brushed and combed <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Condenser fan motor has been inspected <input type="checkbox"/>	Fan blade has a tight connection to the blower motor shaft <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Fan can rotate freely <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Fan is properly lubricated (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Checked system for proper refrigerant charge level <input type="checkbox"/>	System was properly charged <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
	Nameplate charge _____ oz	<input type="checkbox"/>
	Amount of charge added _____ oz	<input type="checkbox"/>
	Amount of charge removed _____ oz	<input type="checkbox"/>
	Record refrigerant pressures _____ High _____ Low	<input type="checkbox"/>

Unit Nameplate Data		System Type	Approximate age of the unit (years) _____
Condenser Serial Number		<input type="checkbox"/> Air Conditioner <input type="checkbox"/> Heat Pump	
Cooling Capacity (BTU)			
Heating Capacity (BTU) (if applicable)			
Cooling Efficiency (SEER/EER)			
Heating Efficiency (HSPF/COP)			

I certify that a thorough tune up has been completed, including all of the applicable actions indicated above, and I have increased the system efficiency to the best of my ability.

Technician's Name _____ Date: _____