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6142

ALL
 ABOUT
 YOUR
 COMFORT

MAINTENANCE AGREEMENT TRIP REPORT

HEATING SYSTEM

MAKE _____ MODEL _____
 SERIAL _____
 GAS ELECTRIC HEAT PUMP

COOLING SYSTEM

MAKE _____ MODEL _____
 SERIAL _____
 A/C HEAT PUMP

PRE - WINTER HEATING VISIT

	Good Condition <input type="checkbox"/>	Service Recom. <input type="checkbox"/>	Service Required <input type="checkbox"/>
Check Thermostat Calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubricate Moving Parts (As Needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Inducer Draft Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Heat Exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Burners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check For Gas Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Ignitor & Flame Sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check U/V Light (If Equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Safety & Lockout Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Flue Pipe or Combustion Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Furnace Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Heat Strip Operation (If Equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Return Air Temp	_____		
Check Supply Air Temp	_____		
Temperature Rise	_____		
Check Filter Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PRE - SUMMER COOLING VISIT

	Good Condition <input type="checkbox"/>	Service Recom. <input type="checkbox"/>	Service Required <input type="checkbox"/>
Check Thermostat Calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Evaporator Coil (If Accessible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect and Clean Condensate Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Blower Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Safety Float Switch (If Equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check U/V Light (If Equipped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Condenser Coil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean and Tighten Electrical Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Contactor Contact Points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Refrigerant Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect Capacitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Running Amps & Volts			
	Fan Motor	_____	
	Compressor	_____	
	Volts	_____	
Suction Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Filter Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

Technician _____

Customer _____