

DATE     WORK ORDER #

TECH: \_\_\_\_\_



# AC / HP SYSTEM PERFORMANCE REPORT

**Summers & Zim's, Inc.**  
 403 Valley Ave, P.O. Box 220  
 Atglen, Pa 19310-0220  
 (610) 593-5129 www.sumzim.com

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Outside Temp: \_\_\_\_\_ °F

ID Model #:	Good	Bad	N/A	Serial#:	Good	Bad	N/A
Energy saving thermostat installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circuit board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low voltage wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermostat secured to wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High voltage wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of ductwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capacitor: _____ MF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air filter: <input type="checkbox"/> Changed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain pipe / Trap <input type="checkbox"/> flushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cleaned _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condensate pump: Cleaned / Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air purification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety pan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Humidifier: Pad Type _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Float Switch <input type="checkbox"/> Wet Switch <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Changed <input type="checkbox"/> Not Changed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply temp: _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaporator coil: pressure drop across coil: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return temp : _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total static pressure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature split : _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blower wheel condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electric heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blower motor: _____ A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

OD Model #:	Good	Bad	N/A	Serial#:	Good	Bad	N/A
Unit is level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Megohmmeter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation cut back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low voltage wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerant: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High voltage wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condensor coil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reversing valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defrost mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suction pressure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnect secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suction line temp: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pipe Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suction superheat: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contactors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Metering device: Orifice: <input type="checkbox"/> _____ TXV <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacitor: _____ MF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head pressure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan blade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liquid line temp: _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan motor: _____ A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Subcooling: _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discharge temp: _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panels on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressor: _____ A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attach/Sign S&Z sticker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### ADDITIONAL INSTALLATIONS/PROPOSED WORK

LEVEL 1-5	DESCRIPTION OF ATTENTION NEEDED	Work Done	Standard Rate	Club Rate	Quote
		Yes / No	\$	\$	<input type="checkbox"/> Requested <input type="checkbox"/> Received
		Yes / No	\$	\$	<input type="checkbox"/> Requested <input type="checkbox"/> Received
		Yes / No	\$	\$	<input type="checkbox"/> Requested <input type="checkbox"/> Received

### ADDITIONAL NOTES/INSTRUCTIONS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TECHNICIAN'S SIGNATURE <b>X</b>	CUSTOMER'S SIGNATURE <b>X</b>
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**CAPTURING THE HEARTS OF CUSTOMERS FOR LIFE**

**Thank you very much for your business!**

Please call if you have any questions about the work we have completed or estimated for you.  
 Work Proposals are valid for 30 days