

DATE WORK ORDER #

TECH: _____



OIL 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 _____ Model # _____ Serial # _____

	Good N/A	OK	Bad		Good N/A	OK	Bad
Energy saving thermostat installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air filter: <input type="checkbox"/> Changed <input type="checkbox"/> Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air purification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermostat secured to wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of ductwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flush M & M control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustion report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drain expansion tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil filter: Large - Small - Spin on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler pressure _____ #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump Strainer: Inspected - Replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler temperature _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump Gasket/O-Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change nozzle: (size: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump pressure set: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Line voltage wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean electrodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low voltage wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean burner head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zone valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check burner coupling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Circulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean smoke pipe and Chimney Base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply air temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean heat exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return air temp _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check circuit board for burn marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Split _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blower wheel condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All return loops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blower Motor _____ A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Panels on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacitor _____ MF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vents sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barometric damper operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Switch on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spill switch installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacuum around unit	<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

PART #	DESCRIPTION OF ATTENTION NEEDED	Work Done	Standard Rate	Club Rate
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$
		Yes / No	\$	\$

ADDITIONAL NOTES/INSTRUCTIONS

ACCEPTANCE OF WORK PREFORMED: I acknowledge satisfactory completion of the above described work and that the premises has been left in satisfactory condition. I understand that if my check does not clear, I am liable for the check and any charges from the bank. I agree to pay 1.75% per month for past due contracts (minimum charge of \$15). In the event that collection efforts are initiated against me, I shall pay for all associated fees at the posted rates as well as all collection fees and reasonable attorney fees. I agree that the amount set forth in the space marked "Total Amount Due" is the upfront price I have agreed to.

TECHNICIAN'S SIGNATURE _____ X	CUSTOMER'S SIGNATURE _____ X
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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