

OIL FURNACE JOBSITE INFORMATION SHEET

➤ **OWNER:**

Name: _____

➤ **DISTRIBUTOR:**

Name: _____

City: _____ State/Province: _____

➤ **CONTRACTOR:**

Name: _____

City: _____ State/Province: _____

➤ **INFORMATION**

Furnace Model Number: _____

Furnace Serial Number: _____

Evaporator Model Number: _____

Evaporator Serial Number: _____

Installation Date: _____

INSTALLATION DATA:

FURNACE LOCATION:

A. Basement Open _____ Enclosed* _____

B. Utility room Open _____ Enclosed* _____

C. Closet Open _____ Enclosed* _____

D. Crawl Space Open _____ Enclosed* _____

* Provisions must be made for adequate air for combustion.

CHIMNEY DATA:

A. Inside: _____ Outside: _____

B. Brick or Masonry: _____

C. Lined: _____ Size: _____

D. Type: Class A all-purpose: _____ Type L: _____

E. Condition: _____

FLUE PIPE:

A. Distance to chimney: _____

B. Diameter: _____

C. Barometric damper Installed: _____

D. Drill 5/16" hole on flue pipe 12" upstream of barometric damper

E. Obtain draft reading _____. Adjust Barometric damper if needed.

OIL TANK DATA:

A. Installed in Basement: _____ B. Outside: _____

C. Buried/Depth: _____ D. Size: _____ Gallons

E. Age: _____ F. Date of last cleaning _____

OIL LINE DATA:

A. Size: 3/8" _____ 1/2" _____ other _____

B. Single Pipe _____ Two Pipe _____

C. Distance From tank: _____ Lift: _____

D. Filter type: _____ Inspected: _____ Changed: _____

E. Pressure test: _____ F. Recheck fittings for tightness: _____



PROBLEM DESCRIPTION: _____

CORRECTIVE ACTION TAKEN: _____

Air Filter:

A. Type: Permanent: _____ Disposable: _____

B. Installed: _____ Size: _____

Operational Readings:

A. Pump Pressure: _____

B. Blower speed tap _____

After 10 mins in operation:

A. Flue temp: 1st _____ 2nd _____ 3rd _____

B. Smoke reading: 1st _____ 2nd _____ 3rd _____

C. Measure CO2: 1st _____ 2nd _____ 3rd _____

D. Check Draft: Overfire _____ Breech _____

E. Air shutter setting: _____ Locke: _____

F. Duct static: Supply static: _____ Return Static: _____

G. Temp Rise: Return Air Temp _____ Supply Air Temp _____

H. Blower Amps _____

I. Distance from top of Furnace to Coil _____

Technician Name: _____

Date: _____

Internal Use Only:

Allied Tech: _____

Case Number: _____

Date Requested: _____

Date Received: _____