

RESIDENTIAL START UP SHEET

Fax to HVAC Tech Service: 717.928.2069 or
email to techsupport@hvacdist.com



INSPECTION INFORMATION

Dealer Name: _____	Service Tech Name: _____
Job Name: _____	Location: _____
Inspection Date: _____	Inspection Time: _____
Primary Complaint: _____	

EQUIPMENT INFORMATION

Indoor Model #: _____	Indoor Serial #: _____
Outdoor Model #: _____	Outdoor Serial #: _____
Install Date: _____	Air Filter Size: _____
Duct System Supply Size: _____	Duct System Return Size: _____
Supply Static Pressure: _____	Return Static Pressure: _____
Supply Air Dry Bulb: _____	Return Air Dry Bulb: _____
Supply Air Wet Bulb: _____	Return Air Wet Bulb: _____

HEAT PUMP
<input type="checkbox"/> R22 <input type="checkbox"/> R410A
Suction Psi:
Liquid Psi:
Discharge Temp:
Ambient Temp:
Voltage:
Lineset Length:
Compressor Amps:
Defrost Test: <input type="checkbox"/> Good <input type="checkbox"/> Bad

AIR CONDITIONER
<input type="checkbox"/> R22 <input type="checkbox"/> R410A
Suction Psi:
Discharge Psi:
Superheat:
Subcool:
Liquid Line Size:
Suction Line Size:
Voltage:
Compressor Amps:

GAS FURNACE
<input type="checkbox"/> NG <input type="checkbox"/> LP
Incoming Pressure:
Manifold Pressure:
Venting Size:
90s:
Venting Length:
Return Air Temp:
Supply Air Temp:
Gas Line Size
Gas Line Length:

GEOTHERMAL
<input type="checkbox"/> R22 <input type="checkbox"/> R410A
Loop: <input type="checkbox"/> Open <input type="checkbox"/> Closed
Water Pressure In:
Water Pressure Out:
Water Out Temp:
Water In Temp:
Superheat:
Subcool:
Return Air Temp:
Supply Air Temp:

Special Job Site Notes: _____

HVAC Technician Findings: _____

Technician Signature: _____ Customer Signature: _____