



A/C MAINTENANCE CHECKLIST

DATE: _____

CUSTOMER: _____

SYSTEM LOCATION: _____

SYSTEM TYPE: AC HEAT PUMP

TECHNICIAN: _____

801-982-0334

| ✓ COMPLETE | TASK | NOTES |
|--------------------------|--|-------|
| <input type="checkbox"/> | 1. Blower Motor - Measure amperage and voltage for proper operation. | |
| <input type="checkbox"/> | 2. Thermostat – Test for proper operation, calibrate, and level operation. | |
| <input type="checkbox"/> | 3. Cleaning existing air filter (as needed). | |
| <input type="checkbox"/> | 4. Bearing – Inspect for wear and lubricate. | |
| <input type="checkbox"/> | 5. Indoor Evaporator Coil - Inspect indoor evaporator coil (if accessible). | |
| <input type="checkbox"/> | 6. Confirm proper return air and size. | |
| <input type="checkbox"/> | 7. Inspect condenser coil. | |
| <input type="checkbox"/> | 8. Refrigerant – Monitor for proper operating pressures. | |
| <input type="checkbox"/> | 9. Safety Devices – Inspect for proper operation. | |
| <input type="checkbox"/> | 10. Electrical Disconnect Box – Inspect for proper rating and safe installation. | |
| <input type="checkbox"/> | 11. Electrical Wiring – Inspect and tighten connections. | |
| <input type="checkbox"/> | 12. Test/inspect contactors for burned, pitted contacts. | |
| <input type="checkbox"/> | 13. Inspect electrical for exposed wiring. | |
| <input type="checkbox"/> | 14. Inspect and test capacitors. | |
| <input type="checkbox"/> | 15. Insect condenser fan blade. | |
| <input type="checkbox"/> | 16. Clean condenser coil and remove debris. | |
| <input type="checkbox"/> | 17. Inspect service valves for proper operation. | |
| <input type="checkbox"/> | 18. Measure Supply/Return temperature differential. | |
| <input type="checkbox"/> | 19. Inspect duct work for energy loss. | |
| <input type="checkbox"/> | 20. Compressor – Monitor, measure amperage and volt draw and wiring connections. | |
| <input type="checkbox"/> | 21. Check Unit for Time Delay Relay. | |
| <input type="checkbox"/> | 22. Check Unit for proper Isolation Pads. | |
| <input type="checkbox"/> | 23. Inspect suction line for proper fittings. | |
| <input type="checkbox"/> | 24. Inspect all fittings for signs of oil and/or leakage. | |
| <input type="checkbox"/> | 25. Check lines and fittings with Freon leak detector. | |
| <input type="checkbox"/> | 26. Check the condition of Blower Belt (if applicable). | |

NOTES / RECOMMENDATIONS:

SYSTEM OPERATION:

- SATISFACTORY
- NEEDS ATTENTION
- SEE NOTES

TECHNICIAN SIGNATURE: _____

CUSTOMER SIGNATURE: _____