



For Lower Bills Call Mills

Phone #: 850-862-4796 or 234-8177
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 Fax: 850-302-0390
 License #: CMC1250043

Preventative Maintenance Inspection Report

Date: _____ Service Address: _____

Type of Unit: Gas Heat Pump Electric

Brand Name: _____ Filter Size: _____

Indoor Model #: _____ Outdoor Model #: _____

Indoor Serial #: _____ Outdoor Serial #: _____

Location of Unit (main, upstairs, downstairs, etc.): _____

Other: _____

Indoor Temperature: _____ Outdoor Temperature: _____

	Operating Properly	Recommend Service/ Replacing in Future	Recommend Service/ Replacing Immediately
Thermostat Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor Unit			
Supply Voltage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Heat Strip Amps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blower Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bearing and Fan Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coil Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper Air Flow - Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas Unit			
Pilot or hot surface ignitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T/Couple or Flame Sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustion Blower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flame Pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Exchanger Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manifold Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor Unit			
Supply Voltage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressor Contactor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reversing Valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defrost Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Circuit Breakers for Tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Visible Oil & Refrig. Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condenser Coil Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pressures: Suction _____ Head _____

Comments: _____

Service Technician Name (print): _____

Quality Service and a Name You Can Trust!