

HEATING EQUIPMENT CLEAN AND TUNE SERVICES INVOICE

Name of Customer: _____				
Street Address: _____				
City: _____		State: _____		Zip: _____ Phone: _____
Customer Account/Case Number: _____			Invoice Number: _____	
Equip Make & Model:		Burner Make & Model:		System Type: <input type="checkbox"/> hot air <input type="checkbox"/> boiler <input type="checkbox"/> wood/pellet/coal
Complete all applicable items listed & confirm with a ✓ that the component is in safe & fully-operable condition. Comment as needed.				
CONFIRM THAT SYSTEM IS SAFE TO OPERATE			✓	COMMENTS
Confirm that ambient CO is below 35ppm. If not, shut off system, ventilate area, evacuate building. Correct problem before proceeding or disable system.				
Equipment appears safe to operate, sufficient clearance from flammables				
Oil tank condition, oil lines & connections not leaking, oil supply shutoff operative				
Gas meter connections & gas lines not leaking. Shut off valves working properly.				
Electrical wiring sound, disconnect switch operative				
Flue/vent stack/chimney/damper connected, not blocked, no signs of back-drafting				
Appears to be sufficient air supply for combustion				
OTHER SYSTEM DEFICIENCIES, health & safety concerns (use other side if necessary)				
EQUIPMENT SAFETY CHECKS & CONTROLS			✓	COMMENTS
Wood/Pellet complete all applicable items of inspection & cleaning				
Oil pump operating pressure/pressure after cutoff (test, adjust as needed)				___ psi pressure ___ psi after cutoff
Ignition/flame (check, adjust as applicable)				Lockout time ___ secs
Thermostat/heat anticipator (check & adjust as needed). Replaced with digital.				
HOT AIR: Fan switch/high limit control (check, adjust as needed)				
BOILER: No leaks or corrosion anywhere in system/low water cutoff/ aquastat/temp & pressure gauges/backflow regulator/pressure relief/mixing valve/expansion tank/zone valves (check, adjust, repair as applicable)				
HOT AIR: No leaks or corrosion in chamber and heat exchanger.				
WOOD-PELLET: Proper stove and stove pipe clearances and materials				
EQUIPMENT CLEANING & MAINTENANCE			✓	COMMENTS
Flue/vent stack/ barometric damper/chimney base/cleanout (clean, inspect, adjust, tighten, seal as applicable)				
HOT AIR: Air filter (inspect/replace as needed)				
HOT AIR: Blower motor/fan belt/pulley (clean, inspect, lubricate as applicable)				
HOT AIR: Fan blades or scroll/cabinetry (brush & clean, inspect)				
BOILER: Circulator motor/coupler (inspect, adjust, lubricate as applicable)				
Heat exchanger (clean, inspect)				
Combustion chamber (clean, inspect, replace gaskets as needed)				
Transformer (clean, inspect, replace gaskets as needed)				
Burner motor (clean, inspect, lubricate as needed , replace gaskets as needed)				
Oil filter (replace, replace gaskets as needed)				Type:
Oil nozzle (replace or resize to mfg. (replace gaskets as needed)				Nozzle used: ___ GPH x ___
Oil pump inner housing, strainer, coupling (clean, replace as needed, replace gaskets as needed)				
Cad cell (wipe clean, test, ohm test if suspect)				
Electrodes (clean, inspect, reset, replace as needed)				
HOT AIR: Airflow (dampers operable, in/out temp diff (ΔT) as per mfg's specs)				
Heating system operating sequence (observe, adjust as needed & conduct tests)				
Wood-Pellet stove pipe and unit cleaning and inspection including combustion seals				

PLEASE COMPLETE TECHNICIAN AND CUSTOMER CERTIFICATIONS

CONDUCT TESTS AT STEADY STATE AFTER C&T & REPAIRS; PLEASE PROVIDE ALL NUMBERS BELOW OR EXPLAIN OMISSIONS			
Smoke _____		Breech (in flue) Draft	IWC
Net Stack Temperature (Stack Temp Minus Room Temp) _____ F		Over-Fire (OF) Draft	IWC
Carbon Dioxide (CO ₂) _____ % OR Oxygen (O ₂) _____ %		Ambient (room) Carbon Monoxide (CO)	PPM
Steady State Efficiency _____ %		Breech (in flue) Carbon Monoxide (CO) If over 100 ppm, please explain remedial action taken	PPM
CUSTOMER SECTION:			
I further certify that _____ performed a Clean and Tune service on my heating system. <div style="text-align: center; margin-left: 100px;">Vendor Name</div>			
I understand that as a quality assurance measure, NYS OTDA may in the future request access to my home for the purpose of evaluating the quality of work performed by the above vendor.			
_____		_____	
Signature of Customer		Date	
VENDOR USE SECTION:			
I certify that a Clean and Tune service was provided to this customer in accordance with the terms and conditions identified by the NYS HEAP Vendor Agreement and this services invoice. At the completion of the Clean and Tune service (check all that apply):			
<input type="checkbox"/> The heating unit was cleaned and ready for operation. <input type="checkbox"/> The programmable thermostat was installed and customer instructed on proper usage. <input type="checkbox"/> The carbon monoxide (CO) detector was installed. <input type="checkbox"/> The heating unit required repairs allowable as approved under the NYS HEAP Clean and Tune and these were completed as documented. <input type="checkbox"/> The heating unit required repairs in excess of what is allowable. The customer was referred to the local Social Services District (SSD). <input type="checkbox"/> The heating unit was deemed inoperable and/or presented a health and safety hazard and the system was disabled. The customer was referred to the local SSD.			
Vendor Name: _____ Telephone #: _____			
Address: _____			
Comments: _____			

_____		_____	
Signature of Technician		Print Name of Technician	
		Date	
PARTS DESCRIPTION	COST	LABOR	TOTAL COSTS
TOTAL AMOUNT DUE			\$

PLEASE DIRECT COMPLETED FORMS FOR PAYMENT TO YOUR LOCAL SOCIAL SERVICES DISTRICT HEAP UNIT