

HEATING EQUIPMENT CLEAN AND TUNE SERVICES INVOICE

Name of Customer: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Vendor Name: _____ Vendor Number: _____ Customer Account Number: _____

| | | | |
|--------------------------------|---------------------------------|---------------------|--|
| Equip Make & Model: | Burner Make & Model: | System Type: | <input type="checkbox"/> hot air <input type="checkbox"/> boiler <input type="checkbox"/> wood/pellet/coal |
|--------------------------------|---------------------------------|---------------------|--|

Does the system start and is it fully operational? Yes No
 *If no, do not complete the clean and tune, contact the Local Department of Social Services.

Is a carbon monoxide detector present, less than 5 years old, and operational? Yes No
 *If no, one must be installed.

| COMPLETE ALL APPLICABLE ITEMS LISTED AND CONFIRM WITH A ✓ OR NOT APPLICABLE (N/A) | ✓ | N/A | COMMENT AS NEEDED |
|--|---|-----|-------------------|
| 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 | ✓ | N/A | 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). | | | |
| HOT AIR: Fan switch/high limit control (check, adjust as needed) | | | |
| BOILER: No leaks or corrosion anywhere in system/low water cutoff/ aqua stat/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 | ✓ | N/A | 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'r's specs) | | | |
| Heating system operating sequence (observe, adjust as needed & conduct tests) | | | |
| Wood-Pellet stove pipe and unit cleaning & inspection including combustion seals | | | |

COMPLETE TECHNICIAN AND CUSTOMER CERTIFICATIONS

| CONDUCT TESTS AT STEADY STATE AFTER C&T AND REPAIRS; 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 Monoxide (CO) _____ % 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 and the heating system is operational. <i>Vendor Name</i> | | | |
| 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):

- The heating unit was cleaned and ready for operation.
- The programmable thermostat was installed with client consent and customer instructed on proper usage.
- The carbon monoxide (CO) detector was installed.
- The heating unit required repairs allowable as approved under the NYS HEAP Clean and Tune and these were completed as documented.
- The heating unit required repairs in excess of what is allowable. The customer was referred to the local Social Services District (SSD).
- 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 | | | \$ |

AGENCY USE SECTION:

Application Date: _____ Date Approved: _____ Invoice Date Received: _____

Collateral Contact with Client. Date: _____

TO RECEIVE PAYMENT SEND COMPLETED INVOICE TO YOUR LOCAL SOCIAL SERVICES DISTRICT HEAP UNIT