CCS HEATING COOLING
Custom Cooling Solutions Ltd.

#204-20445-62nd Avenue, Langley, BC, V3A 5E6
Phone (604) 539-9533 ~ Fax (604) 539-9588
Email: service@customcooling.ca

HEAT PUMP – A/C MAINTENANCE AND TECHNICAL REPORT

Customer Name: _____
Address: _____
Date: _____
WO #: _____

Equipment

	Outdoor Unit	Air Handler/Furnace	Coil	Additional
Make				
Model				
Serial				
Installation Date				

Vent type: Direct ☐ Indirect ☐ Not applicable ☐
Fuel Type: Nat gas ☐ LP ☐ Oil ☐ Electric ☐
RA match AH capacity: Yes ☐ No ☐
(# if applicable _____)
Sufficient combustion air: Yes ☐ No ☐

Vent termination: Concentric ☐ 2 pipe ☐
SA match AH capacity: Yes ☐ No ☐
(# if applicable _____)
Air flow type _____ Air filtration _____

Cooling: Ambient temp: Sufficient ☐ Not sufficient ☐ _____°F

Suction pressure @ comp	psig	Compressor amps "C"	A
Suction temp @ comp	°F	Compressor amps "R"	A
OD line voltage	V	Compressor amps "S"	A
OD fan amps (Rated _____ A)	A	ID blower amps (Rated _____A)	A
ID line voltage	V	ID Metering device: Fixed orifice ☐	TXV ☐

Heating: Ambient temp: Sufficient (HP only) ☐ Not sufficient (HP only) ☐ _____°F

Suction pressure @ comp	psig	Compressor amps "C"	A
Suction temp @ comp	°F	Compressor amps "R"	A
Line voltage	V	Compressor amps "S"	A
OD fan amps (Rated _____ A)	A	Temp rise @ reversing valve	°F
Flame sensor	uA	ID Metering device: Fixed orifice ☐	TXV ☐

Check pressure switches: Yes ☐ No ☐
Clean burning flame: Yes ☐ No ☐
Blower wheel clean: Yes ☐ No ☐
Roll out switches operating: Yes ☐ No ☐
Condensate traps clear: Yes ☐ No ☐
Electric heat operating: Yes ☐ No ☐
Rated _____ KW Stages 1 ___ A /2 ___A

Technician notes and comments: