



# EQUIPMENT PERFORMANCE CHECK

DATE:  
AGENCY INVOICE:

<b>CUSTOMER</b>	NAME: CITY:	ADDRESS: STATE:	ZIP:	CONTACT PERSON: PHONE:
<b>AUTHORIZED SERVICE AGENCY</b>	NAME: CITY:	ADDRESS: STATE:	ZIP:	CONTACT PERSON: PHONE:
<b>EQUIPMENT DEALER</b>	NAME: CITY:	ADDRESS: STATE:	ZIP:	CONTACT PERSON: PHONE:

INSTALL DATE:

MODEL NUMBER	SERIAL NUMBER	UNIT LEVEL (Y/N)	PROPER GAS TYPE SUPPLIED (Y/N)	LIST GAS PRESSURE BELOW	CORRECT ELECTRICAL SUPPLY - LIST VOLTAGE, PHASE, CYCLE BELOW	APPLIANCE REGULATOR INSTALLED (Y/N)	GAS LEAK CHECK PERFORMED (Y/N)	BLOWER WHEEL TORQUE CHECK FOR ALL CONVECTION MODELS - 140 IN LBS SHUT DOWN OF THE MOTOR	DOOR SWITCH ADJUSTED PROPERLY AND FUNCTIONING FOR ALL CONVECTION MODELS	CONTROL PANEL WIRING AND TERMINALS SECURE	CORRECT VOLTAGE ON HOT SURFACE PILOTS AND BURNERS	THERMOSTATS CALIBRATED (IF UNIT PROPERLY VENTILATED (Y/N)	PROPER WATER CONNECTIONS IF APPLICABLE (Y/N)	MISSING OR BROKEN PARTS (Y/N)	PROPER FIT ON ALL PARTS (Y/N)	ALL OPERATIONAL PARTS FUNCTIONING INCL. TIMERS, VALVES, MOTORS, SWITCHES (Y/N)	COMMENTS

TECHNICIAN / AGENCY REP: \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

NOTE: PLEASE SEND INSTALLATION PHOTOS TO TECHNICALSERVICE@SOUTHBENDNC.COM