Revised Feb. 2025

EQUIPMENT PERFORMANCE CHECK

CUSTOMER NAME	ADDRESS	CITY	STATE	ZIP CODE	CONTACT NAME AND PHONE #

ASA NAME	ADDRESS	CITY	STATE	ZIP CODE	TECH NAME & CONTACT #

INDIVIDUAL FULL VIEW PICTURES OF EACH UNIT MUST BE TAKEN & EMAILED TO TS@SOUTHBENDNC.COM ALONG WITH THIS FORM

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**	BLOWER WHEEL BALANCED DURING STARTUP AND SHUT DOWN OF THE MOTOR	DOOR SWITCH ADJUSTED PROPERLY AND FUNCTIONING FOR ALL CONVECTION MODELS	CONTROL PANEL WIRING AND TERMINAL CONNECTIONS SECURE	CORRECT VOLTAGE ON HOT SURFACE IGNITER (IF EQUIPPED)	PILOTS AND BURNERS ALIGNED AND ADJUSTED (Y/N)	THERMOSTATS CALIBRATED (Y/N)	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 SIGNATURE _____ DATE _____ CUSTOMER SIGNATURE: _____ DATE _____