

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
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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-top: 5px;">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. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; text-align: center;">_____ Signature of Customer</div> <div style="width: 35%; text-align: center;">_____ Date</div> </div>			
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): <div style="margin-top: 10px;"> <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. </div> <div style="margin-top: 20px;"> Vendor Name: _____ Telephone #: _____ Address: _____ Comments: _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 33%; text-align: center;">_____ Signature of Technician</div> <div style="width: 33%; text-align: center;">_____ Print Name of Technician</div> <div style="width: 33%; text-align: center;">_____ Date</div> </div>			
PARTS DESCRIPTION	COST	LABOR	TOTAL COSTS
TOTAL AMOUNT DUE			\$

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