

# Commissioning Report

## SECTION 1: Equipment Site Information

Customer Name:	Today's Date:	Phone:	
Email:	Site Serviced Address:		
System Type: <input type="checkbox"/> All Electric <input type="checkbox"/> Dual-fuel <input type="checkbox"/> Ductless (Mini-split)	City:	State:	ZIP:

## SECTION 2: Indoor Unit Information

Return Static Pressure (SP):	Supply SP:	Filter Size:
Condensate P-Trap Is Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Drain Properly Pitched: <input type="checkbox"/> Yes <input type="checkbox"/> No	Filter Location:
Condensate Pump is Operational: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Properly Located, Fastened, and Level: <input type="checkbox"/> Yes <input type="checkbox"/> No	Proper Service and Maintenance Clearance: <input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 3: Outdoor Unit Information

Ambient Outdoor Temp Today:	Liquid Pressure:	Liquid Temp:	Vapor Pressure:	Vapor Temp:	Superheat:	Subcool:
Temperature Split:	Lineset Length:	Lineset Size:	Charge Added to Unit:	Refrigerant:		
Height Above Grade to Avoid Snow Line: <input type="checkbox"/> Yes <input type="checkbox"/> No	Protected from Ice Fall/Snow Melt and Not Directly Under Roof Drip: <input type="checkbox"/> Yes <input type="checkbox"/> No	Measured to be Level, Fastened to Structure or Pad: <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Unobstructed Airflow Required by Manufacturer: <input type="checkbox"/> Yes <input type="checkbox"/> No			

## SECTION 4: Thermostat Information

Temperature Set for Changeover:	Dual-fuel Outdoor Cutoff Control is Functional and Set for ASHP Optimization: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	Heating and Cooling Modes Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Auxiliary/Emergency Heat Operated: <input type="checkbox"/> Yes <input type="checkbox"/> No
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## SECTION 5: Homeowner Information

<input type="checkbox"/> I have provided all appropriate and applicable Owner's Manual(s) to the Site Owner.
<input type="checkbox"/> I showed the Site Owner how to control the thermostat including turning on and off, adjust the temperature, and switch between heating and cooling.
<input type="checkbox"/> I explained preventive maintenance requirements including how to clean and/or change the filter.
<input type="checkbox"/> I showed the Site Owner what alarms look like when the heat pump is not functioning properly.
<input type="checkbox"/> I provided and/or discussed the Warranty with the Site Owner. The Site Owner understands who to contact for service.

## SECTION 6: Service Notes and Reminders

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## SECTION 7: Signatures (please read and sign)

The undersigned agrees that the stated service was completed at the job site address listed above. To the best of my knowledge, the statements made on this report are complete, true, and correct.

Homeowner Signature:	Print Name:	Date:
Installer Signature:	Print Name:	Date: