

SEND Home Energy Conservation Program Electric Furnace Contractor Completion Form

Client Name: _____ Client/Job Application ID: _____
Client Address: _____ Contractor: _____
County: _____ Date: _____

Make of Furnace: _____

Model of Furnace: _____

Serial # of Furnace: _____

Furnace Type: Upflow Downflow Horizontal

Breakers/Fuses Correct Size: Yes No Contractor Replaced

Conductors Correct Size: Yes No Contractor Replaced

Fuse Holders/Breakers Prongs Burnt or Charred: Yes No Contractor Replaced

Terminals/Connections Tight & In Good Condition: Yes No Contractor Repaired

Overall Wiring Condition Dark/ Discolored/ Burnt: Yes No Contractor Repaired

Elements Operational: Yes No Contractor Repaired

Amperage At Each Element Measured At The Limit Switches:

E 1 _____ Amps. E 2 _____ Amps. E 3 _____ Amps. E 4 _____ Amps. E 5 _____ Amps. E 6 _____ Amps.

Sequencer Operation OK: Yes No Contractor Repaired

Anticipator: Measured _____ Set At _____ Reset _____

Heat Rise: _____ - _____ = °F

All Elements Run 5 Minutes: Yes No Contractor Repaired

All Elements Off Before Blower Shuts Down: Yes No Contractor Repaired

Ducts Leaky/Disconnected: Yes No Contractor Repaired

Ducts In Unconditioned Space: Yes No

Ducts In Unconditioned Space Insulated: Yes No Contractor Repaired

Filter Clean: Yes No Contractor Cleaned Contractor Replaced

Filter Size:

Blower Clean: Yes No Contractor Cleaned

Blower Motor Oiled: Yes No Contractor Oiled

Motor On Proper Speed: Yes No Contractor Increased Speed