URBN HOME SERVICES

QUALITY ASSURANCE CHECKLIST

Name: ..... Date: .....

Address: .....

Description	Passed	Failed
Fuses	☐	☐
Disconnect Marked and Labled with Location	☐	☐
Superheat	☐	☐
Sub Cool	☐	☐
Line Set Cover	☐	☐
Attic Access	☐	☐
Attic Clean	☐	☐
Static Pressure	☐	☐
Flu Pipe Up to Code	☐	☐
Condensate Drain PrimaRY	☐	☐
Float Switch Secondary Condensate	☐	☐
Gas Drip Leg	☐	☐
Gas Valve Turned On or Open Position	☐	☐
Detla T Cooling Return	☐	☐
Detla T Cooling Supply	☐	☐
Detla T Heating Return	☐	☐
Detla T Heating Supply	☐	☐
Thermostat Booklet Instructions on T-Stat	☐	☐
Customers Questions and Answers	☐	☐
Comments:		

Name .....

Quality Control Specialist

Signature .....