

OIL FURNACE JOBSITE INFORMATION SHEET

⇒ **OWNER:**

Name: _____
Street: _____
City: _____ Zip: _____
State/Province: _____ Phone: _____
Contact: _____

⇒ **DATE REQUESTED:** _____

⇒ **REQUESTOR:**

⇒ **DISTRIBUTOR:**

Name: _____
Street: _____
City: _____ Zip: _____
State/Province: _____
Phone: _____
Contact: _____

⇒ **SERVICING CONTRACTOR:**

Name: _____
Street: _____
City: _____ Zip: _____
State/Province: _____ Phone: _____
Contact: _____

⇒ **EQUIPMENT DATA:**

FURNACE

Model #: _____ Serial #: _____ Date Installed: _____

EVAPORATOR

Model #: _____ Serial #: _____ Date Installed: _____

OUTDOOR UNIT

Model #: _____ Serial #: _____ Date Installed: _____

⇒ **PROBLEM SUMMARY:**

⇒ **CORRECTIVE ACTIONS TAKEN:**

⇒ **ADDITIONAL INFORMATION:**

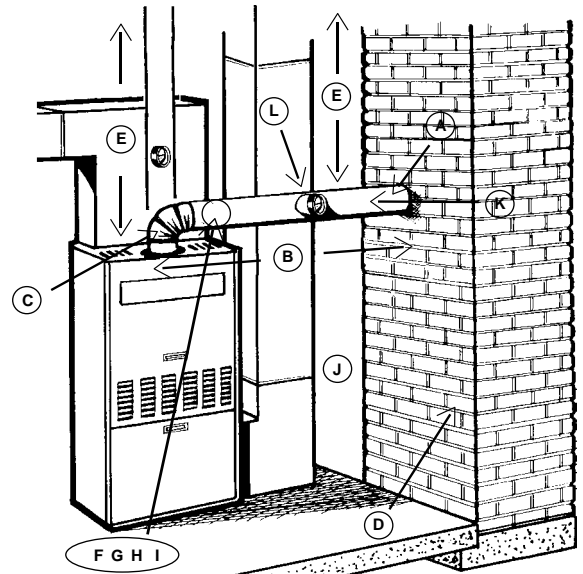
⇒ **ACCESSORIES? (CHECK THOSE INSTALLED):**

- | | |
|---|--|
| <input type="checkbox"/> Humidifier | <input type="checkbox"/> Auxiliary Oil Pump |
| <input type="checkbox"/> Electronic Air Cleaner | <input type="checkbox"/> Fossil Fuel Kit:
Type: _____ |
| <input type="checkbox"/> Oil Line Solenoid | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Delayed Oil Valve | |
| <input type="checkbox"/> Oil Line Heat Tape | |

VENTING SYSTEM

⇒ **VENTING INFORMATION:**

- A. Vent Connector Diameter _____
- B. Vent Connector Length _____
- C. Number of Elbows in Vent Connector _____
- D. Chimney Size, (Inside) if Applicable _____
- E. Chimney or Vent Height _____
- F. Breech Draft Reading _____
- G. Smoke Reading _____
- H. Vent Temperature _____
- I. CO₂ Reading _____
- J. Furnace Room Temperature _____
- K. Chimney Draft _____
- L. Barometric Damper Installed YES NO



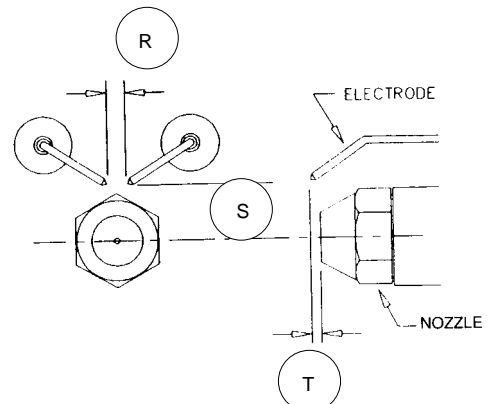
⇒ **TYPE OF VENTING:**

- Chimney Other Vented with another appliance.
- Type L Vertical Describe appliance and venting: _____
- Sidewall Power Vent _____

GENERAL INFORMATION

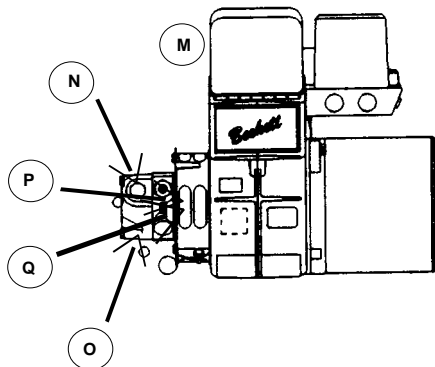
- Line Supply Voltage _____
- Control Voltage _____
- Polarity _____
- Supply Air Temperature _____
- Return Air Temperature _____
- Air Flow (CFM) _____
- Combustion Air Source _____

SPARK GAP INFORMATION



- R. Spark Gap _____ S. Spark Gap _____
- T. Spark Gap _____
- Nozzle Size _____
- Date Nozzle last changed _____
- Nozzle Spray Angle / Pattern _____

BURNER INFORMATION



- M. Overfire Draft _____
- N. Pump Pressure _____
- O. Pump Cut-off Pressure _____
- P. Air Shutter Setting _____
- Q. Air Band Setting _____
- CAD Cell OHMS : Light _____ Dark _____

FUEL INFORMATION

- One or Two Pipe System ONE TWO
- Are Flare Fittings Used YES NO
- Pipe Size _____
- Vertical Lift _____
- Tank Location Inside Outside buried
- Outside above ground
- Date of last oil filter change _____