

I. Customer Information

First Name:	Last Name:	Middle Initial:	Consumers Energy Account Number:		
Street Address:			City:	State:	ZIP:
Home Phone:			Contractor Name:		

II. House Information

House Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <input type="checkbox"/> Townhouse <input type="checkbox"/> Rental <input type="checkbox"/> Manufactured/Mobile Home <input type="checkbox"/> Other					
Approximate House Age: <input type="checkbox"/> 1979 or older <input type="checkbox"/> 1980–2004 <input type="checkbox"/> 2005–present					
Approximate Square Footage:			Does the house have a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No		

III. Tasks Completed for Each Furnace

Furnace Make:	Furnace Model #:
Provide manufacturer's rating for the following items:	
Input BTUH:	Output BTUH:
Efficiency:	
Furnace Style: <input type="checkbox"/> Induced Draft <input type="checkbox"/> Sealed Combustion (Natural draft furnaces do not qualify)	
Complete the following tasks and check them off as completed. Include combustion analysis pre- and post-tune-up in the area below.	
<input type="checkbox"/> Check and adjust manifold pressure. <input type="checkbox"/> Inspect condensate drain piping, clean or repair as needed. <input type="checkbox"/> Check temperature rise and adjust airflow to meet manufacturer's recommendations. <input type="checkbox"/> Check for proper venting. <input type="checkbox"/> Clean burners, combustion chamber and heat exchanger surface when access is available. <input type="checkbox"/> Check and test safety controls. <input type="checkbox"/> Inspect filter, replace standard 1" & 2" filters, clean washable filters.	
Pre-Service Combustion Efficiency:	Post-Service Combustion Efficiency:
Pre-Service Stack Temperature:	Post-Service Stack Temperature:
Pre-Service Oxygen Level:	Post-Service Oxygen Level:
Pre-Service Carbon Dioxide:	Post-Service Carbon Dioxide:
Pre-Service Carbon Monoxide:	Post-Service Carbon Monoxide:
Comments:	
Notes: Please refer to your combustion analyzers documentation for proper ranges for the above readings. Make the appropriate adjustments or recommendations to remedy any readings that were found to be outside of required ranges. Record comments on any safety or efficiency items not resolved.	

Technician Name: _____ Date: _____

Technician Signature: _____

Collect homeowner's signature on the Terms & Conditions form