FURNACE Questions: Before Repair or Replacement

IN TAKE worker NAME_____ DATE_____

CLIENT NAME:

Circle the answers below:

Do you OWN?	**YES/NO**							
Do you RENT?	**YES/NO**							
Heat Vendor	PPL	UEC	HES	CBEC	CMF	CPC	PGG	CNG
Primary Heat System:	Electric	Gas	Oil	Propane	Pellets	Wood	Other	
TYPE of Primary HEAT SYSTEM:	Furnace F/A	Stove	Fireplace	Wall Mount	Stand Alone			
If GAS-Propane-Oil Is the service for this fuel on at this time?	YES	NO	Service needs to be on to test!					
How OLD is the unit? Year installed? Estimate?	Year of install?	Estimate Year?						
Does it turn ON?	YES	NO						
Does it smell smoke?	YES	NO						
Wall Unit? CADET type:	YES	NO	NAME?					
Baseboard: NAME?	YES	NO	NAME?					
• How many?	#							
• How many do not work?	#							
Are you using space heaters?	YES	NO						
How Many space heaters do are you using?	#							
Brief Explanation NEEDED:								
NOTES: BULLET style:								
•								
•								
•								
•								
•								