OIL FURNACE JOBSITE INFORMATION SHEET **⇒ OWNER**: ⇒ DATE REQUESTED: Name: Street: **⇒** REQUESTOR: _____ Zip: _____ City: State/Province: _____ Phone: _____ Contact: **⇒** DISTRIBUTOR: Name: **⇒ SERVICING CONTRACTOR:** Street: _____ Zip: _____ Name: City: Street: State/Province: _____ Zip: _____ City: Phone: State/Province: ______ Phone: _____ Contact: Contact: **⇒ EQUIPMENT DATA: FURNACE** Model #:______ Date Installed:_____ **EVAPORATOR** Model #: _____ Date Installed: _____ **OUTDOOR UNIT** _____ Serial #:_____ Date Installed: _____ Model #: _____ **⇒ PROBLEM SUMMARY: CORRECTIVE ACTIONS TAKEN: ⇒ ADDITIONAL INFORMATION: ⇒ ACCESSORIES? (CHECK THOSE INSTALLED):** Humidifier **Auxiliary Oil Pump** Electronic Air Cleaner ☐ Fossil Fuel Kit: Type: ___ Oil Line Solenoid Other: Delayed Oil Valve Oil Line Heat Tape

VENTING SYSTEM ⇒ VENTING INFORMATION: Α. 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** (c) G. **Smoke Reading** Н. Vent Temperature I. CO₂ Reading J. Furnace Room Temperature K. Chimney Draft L. Barametric Damper Installed ☐ YES ☐ NO FGHI **⇒ TYPE OF VENTING:** ☐ Chimney □ Other ☐ Vented with another appliance. □ Type L Vertical Describe appliance and venting: ☐ Sidewall Power Vent **GENERAL INFORMATION** SPARK GAP INFORMATION • Line Supply Voltage





