

HVAC System Evaluation Report

Inspection Date: _____ Inspector Name: _____

Property Address: _____

Client Name: _____ Contact: _____

1. SYSTEM OVERVIEW

System Type: Forced Air / Heat Pump / Boiler / Other: _____

Manufacturer: _____

Model Number: _____

Serial Number: _____

Estimated Age: _____

Fuel Type: Gas / Electric / Oil / Other: _____

2. SYSTEM OPERATION

Thermostat Operation: Satisfactory / Unsatisfactory / Not Operated

Heating Function: Satisfactory / Unsatisfactory / Not Operated

Cooling Function: Satisfactory / Unsatisfactory / Not Operated

Airflow: Adequate / Inadequate / Not Tested

3. VISIBLE COMPONENTS & CONDITION

Furnace / Air Handler: Satisfactory / Needs Service / Not Accessible

Evaporator Coil: Clean / Dirty / Not Visible

Condensing Unit: Good / Fair / Poor / Not Accessible

Ductwork Condition: Good / Leaks Observed / Obstructed / Not Visible

Filter Type & Condition: _____

Drain Lines: Clear / Blocked / Not Observed

Other Observations: _____

4. RECOMMENDATIONS

5. INSPECTOR NOTES

Inspector Signature:

Date: _____

Client Signature:

Date: _____