

ANNUAL MAINTENANCE INSPECTION FORM

DATE: _____

TECHNICIAN: _____

ADDRESS: _____

Check if OK	HEATING SYSTEM/FURNACE		REMARKS
	Make:	Model:	Serial #:
	1. Control		
	2. Thermostat		
	3. Limit Switches		
	4. Pilot Light		
	5. Burner Flame		
	6. Fan/Blower Assemblies		
	7. Air handling unit		
	8. Flue/Vent Piping & Caps		
	9. Gas Lines & Valves		
	10. Unit Clean		
	11. Furnace Filter		
Check if OK	WATER HEATER		REMARKS
	1. Controls/Temp Settings		
	2. Gas Lines & Valves		
	3. Flue/Vent Piping		
	4. Pilot Light		
	5. Burner Flame		
	6. Water Leaks		
	7. Earthquake Strap		
Check if OK	SMOKE /CO2 DETECTORS		REMARKS
	1. Smoke Detector		
	2. CO2 Detector		
Check if OK	INTERIOR		REMARKS
	1. Floors/Carpet		
	2. Walls/Ceilings		
	3. Vents		
	4. Lights/Fixtures/outlets/switches		
	5. Windows/Blinds		
	6. Door Hinges/Frames/Hardware		
	7. Refrigerator		
	Make:	Model:	Serial #:
	8. Range		
	Make:	Model:	Serial #:
	9. Dishwasher		
	Make:	Model:	Serial #:
	10. Kitchen/Bathroom Sink		
	11. Kitchen/Bathroom Plumbing		
	12. Bathroom Fan		
	13. Fire Extinguisher		
	14. Vent Hood		
	15. Fire stop		
	16. General Housekeeping		
Check if OK	EXTERIOR		REMARKS
	1. Stucco		
	2. Walk/Driveways		
	3. Lights/Fixtures		
	4. Roof/Gutters		
	5. Windows/Screens		
	6. Exterior Doors/Sliders		
	7. Lawns		
	8. Planter's		
	9. Fence/Gate		
	10. General Housekeeping		

COMMENTS: