

Customer details	Company details

Company reference	Technician name
Model	Serial number

Checklist		
Tick if passed	Notes	
Chimney / flue	<input type="checkbox"/>	
Combustion chamber	<input type="checkbox"/>	
Cast iron grate	<input type="checkbox"/>	
Heat exchanger	<input type="checkbox"/>	
Flue pathways	<input type="checkbox"/>	
Ignition element - ohms reading	<input type="checkbox"/>	
Fan	<input type="checkbox"/>	
Air supply	<input type="checkbox"/>	
Hopper	<input type="checkbox"/>	
Auger	<input type="checkbox"/>	
CO alarm	<input type="checkbox"/>	
Appliance safety controls	<input type="checkbox"/>	

Combustion performance	
Net flue gas temp	°C
Draught reading	mbar
Carbon monoxide (CO)	ppm
Carbon dioxide (CO2)	%
Oxygen (O2) content	%

Have any system parameters been altered?			
Parameter	Default setting	User setting	

Any other important notes (such as parts replaced)?

Reset service hours (Code 55)	Note any alarm codes
Sign: <input type="checkbox"/>	

Customer signature	Date

Engineer signature	Date