

HVAC Service Log Checklist

Property Information:

Address: _____

Owner/Resident Name: _____

Contact Number: _____

Service Date: _____

Technician Name: _____

HVAC Unit Information:

Unit Location: _____

Unit Make and Model: _____

Serial Number: _____

Unit Capacity (Tons/BTU): _____

Filter Size (L x W x H): _____

Type of Filter Replaced: _____

Pre-Change Inspection:

Date and Time: _____

Condition of Existing Filter: _____

Clean _____

Dusty _____

Clogged _____

Damaged _____

Presence of Unusual Noises: _____

Odors Before Filter Change: _____

Visual Inspection of HVAC: _____

Previous Filter Change: _____

Date of Previous Change: _____

Filter Change Process: _____

New Filter Brand/Type: _____

Installation Date and Time: _____

Technician's Observations: _____

Fits properly _____

Required adjustments _____

Damages noticed on new filter _____

Issues aligning filter with housing _____