

Technician _____ Date _____

Claim# _____ Equipment _____

Location Address _____

Under Warranty YES _____ NO _____ SERIAL # _____

Invoice # _____ Date Submitted _____

ARRIVAL TIME: 1ST TRIP: _____ DEPARTURE TIME: 1ST TRIP _____

TOTAL MILES: 1ST TRIP: _____ TOTAL HOURS DRIVING: 1ST TRIP _____

ARRIVAL TIME: 2ND TRIP: _____ DEPARTURE TIME: 2ND TRIP _____

TOTAL MILES: 2ND TRIP: _____ TOTAL HOURS DRIVING: 2ND TRIP _____

PARTS NEEDED AFTER DIGANOSIS: _____

CLIENT STATES: _____

PARTS USED FOR REPAIR – CIRCLE & PUT HOW MANY USED BEFORE PART NAME

20 AMP FUSE	12 AMP FUSE	BMSC	BLOWER MOTOR
CAPACITOR	COOLING FAN	DIODE	DISPLAY
DOOR ASSEMBLY SWITCH	FILAMANT TRANSFORMER	HIGH VOLTAGE TRANSFORMER	HIGH LIMIT THERMOSTAT
HEATING ELEM TOP	HEATING ELEM BOTTOM	I/O BOARD	K2 RELAY
MECHANICAL RELAY	MAGNETRON	POWER SUPPLY BOX	PROBE
SENSOR P-S-M	SCREWS	SOLID STATE RELAY	TRIAC BOARD
WAVEGUIDE	WIRE HARNESS	XFR	DOOR HINGE ASSEMBLY

