

OPTIONAL HVAC INSPECTION



2-10 HBW Service Agreement Number

Homeowner's Name

Street

City, State, Zip

Date:

Company Inspecting

Technician's Signature

Ambient Air Temp

(Day of Inspection)

Humidity Level

(High Medium Low)

SYSTEM TYPE (1)

☐ Refrigerant Type☒ R22☒ R410A☒ Straight Cool ☐ Heat Pump☐ Package Unitmodel number Tud18080A9361AA☐ Split System

model number _____

☐ Furnacemodel number Tud18080A9361AA☒ Gas☐ Oil☐ L.P.☐ Location Basement☐ Air Handler

model number _____

COMPRESSOR (1)

Good
Fair
Poor☒ Suction 112 PSI☒ Volts 230 AMPS☒ Contacts (tight & clean?)☒ Head Pressure 240 PSI

EVAP COIL (1)

Good
Fair
Poor

Maintained Coil (Cleaned?)*

*If Fair/Poor, % blocked _____ %

☒ ENT DB 70 °F☒ ENT WB 55 °F☒ LVG DB 70 °F☒ LVG WB 54 °F☒ Fin Condition

FAN AND MOTOR (1)

Good
Fair
PoorVolts 115 AMPS

Contacts (tight & clean?)

Motor Bearings (condition)

Electrical Connections

Fan Pulleys

CFM 1200

HEATING ASSEMBLY (1)

Good
Fair
Poor

Burner

Pilot Assembly

Primary Relay

Fan & Limit Switch

RV Valve

Defrost Cycle

Fuel Supply & Pressure

Flame Adjustment

Flue

Blower Assembly

Strip Heat

Furnace Venting

HEAT EXCHANGER

Good
Fair
Poor

Visual Inspection

C/O Detection 0.0 (PPM)(2)

Yes

No

Crack/Leak?*

*Describe in notes column the size and location of the crack

☐ Code Violations (at time of install)

CONDENSER COIL (1)

Good
Fair
Poor

Maintained Coil (cleaned?)*

*If Fair/Poor, % blocked _____ %

☒ ENT DB 70 °F☒ ENT WB 55 °F☒ LVG DB 70 °F☒ LVG WB 54 °F☒ Fin Condition

CONDENSATE AREAS (1)

Good
Fair
Poor

Drain Pan Condition

Pump Condition (if applicable)

Drain Line Condition

ELECTRICAL COMPONENTS (1)

Good
Fair
Poor

Relays

Overload

Contactors

Pressure Switch

AIR FILTERS (1)

Good
Fair
Poor

Filter Condition

REFRIGERANT (1)

Good
Fair
Poor

Charge Level _____ (PSI)

Recommended Charge Level _____ (PSI)

THERMOSTAT (1)

Good
Fair
Poor

Good

Fair

Poor

PRESENCE OF RUST/DETERIORATION

THROUGHOUT SYSTEM

None

Minimal

Significant

LEAK TEST

☒ Required

OVERALL INSPECTION, HEATER

☒ Passed☐ Failed

OVERALL INSPECTION, A/C

☒ Passed☐ Failed

2-10 HBW will inform you in writing if further tests or repairs are needed.

NOTES (Reasons for failure, repairs made):

Amount collected for HVAC Inspection

\$ _____

Homeowner's Signature

Date: 11/19/25

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Submit completed certification forms to the
Resale Authorization Department
Fax: 877.777.5562 or
Email: HVACCertifications@2-10.com

1 Poor indicates a repair is needed for the line item and any related line items will not be certified until the repair is made.
2 If > 0 PPM [parts per million], heat exchanger must be repaired/replaced for heat exchanger to be certified.



**1st Priority Heating & Cooling and Construction,
LLC**

42 N Leonard St
Liberty, MO 64068

(816) 982-4998
Ric@alessiointl.com

INVOICE

HVAC Certification

1.0 \$0.00 \$0.00

Subtotal	\$0.00
Job Total	\$0.00
Amount Due	\$0.00

See our Terms & Conditions

JOB	#3558
SERVICE DATE	Nov 19, 2025
INVOICE DATE	Nov 19, 2025
PAYMENT TERMS	Upon completion
DUE DATE	Nov 19, 2025
AMOUNT DUE	\$0.00

CONTACT US
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