



ACS J No.
(Internal office use)

AIR CONDITIONING SERVICES (NEW ZEALAND) LIMITED

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BP SERVICE FORM					
ACS PURCHASE ORDER NUMBER:	SITE NAME:	CLIENT JOB REFERENCE/ ORDER NUMBER:	DATE:		
ASA COMPANY NAME:	NUMBER OF WORKERS:		SAFETY PASSPORT NUMBER/S		
ARRIVAL TIME:	DEPARTURE TIME:	TIME ON JOB:	PROCUREMENT TIME:	TRAVEL TIME:	
ARRIVAL TIME:	DEPARTURE TIME:	TIME ON JOB:	PROCUREMENT TIME:	TRAVEL TIME:	
TYPE OF SERVICE: <input type="checkbox"/> BREAKDOWN <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> WARRANTY <input type="checkbox"/> IQP CHECK <input type="checkbox"/> PROJECT / INSTALL <input type="checkbox"/> SITE AUDIT					
ASSETS SERVICED					
BREAKDOWN REPAIR:-I/D Unit	MAKE:	MODEL:	SERIAL:	REFRIGERANT:	
BREAKDOWN REPAIR:-O/D Unit	MAKE:	MODEL:	SERIAL:	REFRIGERANT:	
<input type="checkbox"/> AC #1	<input type="checkbox"/> Manager's Hi Wall	<input type="checkbox"/> RIL #1	<input type="checkbox"/> Upright Freezer #1	<input type="checkbox"/> Walk in Freezer #1	<input type="checkbox"/> Walk in Freezer #2
<input type="checkbox"/> AC #2	<input type="checkbox"/> Kitchen Hi Wall	<input type="checkbox"/> RIL #2	<input type="checkbox"/> Upright Chiller #1	<input type="checkbox"/> Walk in Chiller #1	<input type="checkbox"/> Walk in Chiller #2
<input type="checkbox"/> AC #3	<input type="checkbox"/> Oven Room Hi Wall	<input type="checkbox"/> RIL #3	<input type="checkbox"/> Deli #1	<input type="checkbox"/> Deli #2	<input type="checkbox"/> U/B Milk Chiller
<input type="checkbox"/> AC #4	<input type="checkbox"/> Chest Drinks Chiller	<input type="checkbox"/> AIL #1	<input type="checkbox"/> Krispy Crème Ambient	<input type="checkbox"/> Wishbone Chiller	<input type="checkbox"/> Haagen Dasz Freezer
SCHEDULE MAINTENANCE CHECK LISTS - HVAC & REFRIGERATION					
WALK IN CHILLER / FREEZER - ROOMS <input type="checkbox"/> CHECK EVAPORATOR (CLEAN IF REQUIRED) <input type="checkbox"/> CHECK EVAPORATOR FAN MOTOR/S <input type="checkbox"/> CHECK DEFROST HEATER/S (FREEZER ONLY) <input type="checkbox"/> CHECK DRAIN TRAY & LINE AND FLUSH WITH WATER <input type="checkbox"/> CHECK CONTROLLER OPERATION <input type="checkbox"/> RECORD TEMPERATURE <input type="checkbox"/> CHECK DOOR HANDLE/S <input type="checkbox"/> CHECK SAFETY RELEASE <input type="checkbox"/> CHECK DOOR SEAL/S <input type="checkbox"/> CHECK CONDENSOR COIL (CLEAN IF REQUIRED) <input type="checkbox"/> CHECK CONDENSOR FAN MOTOR/S <input type="checkbox"/> CHECK GAS CHARGE <input type="checkbox"/> CHECK HP/LP SWITCH <input type="checkbox"/> CHECK ELECTRICAL WIRING <input type="checkbox"/> CHECK LIGHTING SUPPLY / EXHAUST AIR FANS <input type="checkbox"/> CHECK FAN MOTOR <input type="checkbox"/> CHECK DUCTING (REPORT IF REQUIRED) <input type="checkbox"/> CHECK FAN WHEELS (REPORT IF REQUIRED) <input type="checkbox"/> CHECK UPSTANDS AND FLASHING <input type="checkbox"/> CHECK CEILING GRILLES AND BOOTS <input type="checkbox"/> CLEAN FILTERS (SUPPLY ONLY) <input type="checkbox"/> CHECK ELECTRICAL <input type="checkbox"/> CHECK MOTORISED AND MECHANICAL DAMPERS		OTHER CHILLERS / FREEZERS - STANDALONE <input type="checkbox"/> CHECK EVAPORATOR (CLEAN IF REQUIRED) <input type="checkbox"/> CHECK EVAPORATOR FAN MOTOR/S <input type="checkbox"/> CHECK DEFROST HEATER/S (FREEZER ONLY) <input type="checkbox"/> CHECK DRAIN TRAY & LINE AND FLUSH WITH WATER <input type="checkbox"/> CLEAN OUT DRAIN LINES IF REQUIRED <input type="checkbox"/> CHECK CONTROLLER OPERATION <input type="checkbox"/> RECORD TEMPERATURE AND LABEL ASSET <input type="checkbox"/> CHECK DOOR HANDLE/S <input type="checkbox"/> CHECK DOOR SEAL/S <input type="checkbox"/> CHECK CONDENSOR COIL (CLEAN IF REQUIRED) <input type="checkbox"/> CHECK CONDENSOR FAN MOTOR/S <input type="checkbox"/> CHECK GAS CHARGE <input type="checkbox"/> CHECK HP/LP SWITCH <input type="checkbox"/> CHECK ELECTRICAL WIRING <input type="checkbox"/> CHECK LIGHTING AC INDOOR UNITS – CASSETTES, DUCTED, HI WALL <input type="checkbox"/> CHECK AIR FLOW <input type="checkbox"/> CHECK AND CLEAN AIR FILTERS AND LABEL DATE <input type="checkbox"/> CHECK EVAPORATOR FOR CLEANLINESS <input type="checkbox"/> CHECK CONDENSATE LINE AND FLUSH WITH WATER <input type="checkbox"/> CHECK CONDENSATE PUMP (CLEAN IF REQUIRED) <input type="checkbox"/> CHECK FLEXIBLE DUCTING (RE-TAPE IF REQUIRED) <input type="checkbox"/> CHECK FOR AIR LEAKS AROUND PLENUMS <input type="checkbox"/> CHECK FAN BLADES (CLEAN IF REQUIRED) <input type="checkbox"/> CHECK MOTOR BEARINGS (LUBRICATE IF REQUIRED) <input type="checkbox"/> CHECK RETURN AND SUPPLY GRILLES <input type="checkbox"/> CHECK P TRAP		AC OUTDOOR UNITS – INCLUDES ROOF TOP UNITS <input type="checkbox"/> CHECK START AND STOP OPERATION <input type="checkbox"/> CHECK CONDENSOR COIL (REPORT IF CLEAN REQUIRED) <input type="checkbox"/> CHECK RELIEF VALVE OPERATION <input type="checkbox"/> CHECK PIPEWORK AND INSULATION <input type="checkbox"/> CHECK FOR UNIT VIBRATION (REPORT IF REQUIRED) <input type="checkbox"/> CHECK COMPRESSOR TEMPERATURE <input type="checkbox"/> CHECK COMPRESSOR AMPS AND RECORD BELOW <input type="checkbox"/> CHECK CRANK CASE HEATER <input type="checkbox"/> CHECK CURRENT DRAW <input type="checkbox"/> CHECK VOLTAGE <input type="checkbox"/> CHECK CONDENSOR FAN MOTOR/S <input type="checkbox"/> CHECK REFRIGERANT PRESSURE <input type="checkbox"/> CHECK CONDENSING UNIT MOUNTS <input type="checkbox"/> CHECK ELECTRICAL <input type="checkbox"/> CHECK HP/LP CONTROL SWITCH <input type="checkbox"/> CHECK PULLEYS AND V BELTS (ROOF TOP UNITS) <input type="checkbox"/> CHECK P TRAP <input type="checkbox"/> COIL CLEAN/COAT OTHER <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> ----- <input type="checkbox"/> -----	
BREAKDOWN/ SCHEDULED MAINTENANCE - WORK COMPLETED (Delete as Required)			ADDITIONAL WORK REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGN IN/OUT SECTION					
SIGN IN:			SITE REPRESENTATIVE TO COMPLETE SECTION BELOW:		
ASA RESPONSIBLE PERSON NAME:	INITIALS:	SITE REPRESENTATIVE NAME:	TIME:	INITIALS:	
SIGN OUT:					
ASA RESPONSIBLE PERSON NAME:	SIGNATURE:	SITE REPRESENTATIVE NAME:	TIME:	SIGNATURE:	

WHITE COPY to ACS

PINK COPY to SITE

YELLOW COPY retained by ASA