



# EQUIPMENT PERFORMANCE CHECK

<b>CUSTOMER/ INSTALLATION</b>	NAME	ADDRESS		CONTACT PERSON
	CITY	STATE	ZIP	PHONE
<b>AUTHORIZED SERVICE AGENCY</b>	NAME	ADDRESS		CONTACT PERSON
	CITY	STATE	ZIP	PHONE
<b>DEALER</b>	NAME	ADDRESS		SERVICE AGENCY
	CITY	STATE	ZIP	INVOICE NUMBER

SOUTHBEND APPROVAL		DATE															SOUTHBEND ORDER NO.	
CHECK THE FOLLOWING (AS APPLICABLE FOR EACH ITEM)		① LEVEL	② GAS TYPE	③ ELECTRIC SUPPLY	④ REGULATORS	⑤ GAS SUPPLY	⑥ GAS SUPPLY	⑦ GAS CONN. - LEAKS	⑧ ADJUSTMENTS	⑨ THERMOSTATS	⑩ VENTILATION	⑪ ELECT. CONN.	⑫ UTILITIES	⑬ FITTING PARTS	⑭ DOORS	⑮ FUNT. PARTS	⑯ MAINTENANCE	COMMENTS
MODEL NUMBER	SERIAL NUMBER																	

EQUIPMENT SUPPLIED FOR: TYPE OF GAS \_\_\_\_\_ ELECTRICAL CHARACTERISTICS \_\_\_\_\_

- PERFORMANCE CHECK:** (as applicable)
- Light pilots if requested.
  - 1. Verify equipment is level.
  - 2. Verify proper type of gas.
  - 3. Verify proper electrical characteristics – voltage, cycle, phase.
  - 4. Verify proper regulators are installed.
  - 5. Check gas pipe sizes and pressure – consult manual  
Type of Gas \_\_\_\_\_ Line Size \_\_\_\_\_ Pressure \_\_\_\_\_
  - 6. Check gas connections and test for leaks.
  - 7. Check pilot and burner adjustments and ignition.
  - 8. Check thermostat operation; calibrate if required.
  - 9. Check ventilation.
  - 10. Check electrical connections – external and internal.
  - 11. Verify proper water, steam and drain supplies and connections.  
Water Line Size \_\_\_\_\_ Type of Drain Connection \_\_\_\_\_
  - 12. Check fitting parts – top plates, fillers, lids, drawoffs, ect.
  - 13. Check doors for proper alignment, tension, gaskets, etc.
  - 14. Check gauges, timers, valves, switches and motors for proper installation and operation.
  - 15. Advise cleaning and maintenance procedures – explain owners manual.

**PERFORMANCE CHECK POLICIES ON REVERSE**

The above Southbend products have been checked and adjusted and have been found to be in proper working order. Southbend products are covered by a one year limited warranty. Consult the published warranty in your owners manual for details. If warranty work should be required within this warranty period, please call the above Southbend Authorized Service Agency.

DATE OF INSTALLATION \_\_\_\_\_ DATE PERFORMANCE CHECK COMPLETED \_\_\_\_\_ AMOUNT DUE \$ \_\_\_\_\_

I verify that I have checked each of the above units as applicable: For Service Agency \_\_\_\_\_ Date \_\_\_\_\_  
Customer Acceptance Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR SOUTHBEND USE ONLY</b>	PAYMENT APPROVED BY _____	DATE _____	ACCOUNT NUMBER 67470
	ACCOUNTING APPROVAL _____	DATE _____	DATE PAID _____ CHECK NUMBER _____

**Distribution** – Original (White) and 2nd copy (Canary) mail to Southbend with invoice; 3rd copy (Pink) for Service Agency; 4th copy (Goldenrod) leave with Customer.

1100 Old Honeycutt road  
Fuquay-Varina, NC 27526  
(919) 552-9161  
FAX (919) 552-9798

## **PERFORMANCE CHECK POLICIES**

The Service Agency must have prior approval before doing a performance check. This form must be filled out and signed by a Southbend Sales Representative or the Southbend Service Department.

**IMPORTANT:** Prior to this service being performed all utilities, electric, gas, water, steam, drains as applicable must be connected and in operation. Also, the ventilation system must be in place and operable. If conditions do not allow the performance check to be completed when the agency is requested to do so, repeat calls will be at the responsible party's expense.

Time perimeters for this service to be performed are as follows:

From the date of the request for service, within 72 hours if in the agency's metro area of coverage, 10 working days if in the agency's outlying area of coverage and 30 calendar days in in other areas. These time perimeters are for the Distributor's area of coverage, as well as for their branches and sub-agencies.

Pilots will be lit by the Service Agency if requested by the customer. This service must be performed on the same trip as the performance check.

As applicable prior to the Authorized Agency Lighting pilots, the gas piping installation must be tested and approved according to NFPA-54, Part 4 National Fuel Gas Code – Standard – ANSI 223-1, latest revision, or as dictated by local codes.

Southbend does not pay travel time or mileage on a performance check. Any exception to this rule must have prior approval from the Southbend Service Department.

This service does not cover normal installation functions such as utility connections, etc.

Southbend recommends the units be in actual use for a few days prior to the performance check being performed, but at the customer's option this service may be performed prior to opening.

Southbend does not pay for performance checks on spreader cabinets, shelving and non-functioning items. However, visual inspection of these items is expected.

If warranty work is required, please fill out and submit separate warranty forms for such work.

If improper or inadequate ventilation or utility connections are encountered, give a brief, clear description of same in COMMENTS space and inform the customer of same. If there are any additional pertinent comments, please document same in COMMENTS space.