



Commercial Rooftop Repair or Replacement Worksheet

Date: _____ Customer Name: _____ Phone: _____
 Technician: _____ Address: _____
 Unit #: _____ Location: _____ Model #: _____ Ser. #: _____

DECISION SECTION		Cooling w/ Elect Heat or Heat Pump	Cooling with Gas Heat
Complete this section to make a proper recommendation			
Category	Points		
Age of Equipment			
0 – 5 years	1		
6 – 10 years	5		
11 – 20 years	10		
Over 20 years	20		
Estimated Cost of Repair			
Less than \$500	1		
\$500 – \$1000	5		
\$1,001 – \$2,500	10		
Over \$2,500	20		
Repairs Under Warranty			
Yes	0		
No	5		
Cooling Efficiency¹			
EER	SEER		
Over 12	Over 14	1	
10 – 12	13 – 14	5	
8 – 10	10 – 13	10	
Less than 8	Less than 10	20	
Refrigerant Type Used			
HFC		0	
CFC or HCFC		10	
Heating Efficiency¹			
Over 80%		1	
70 – 79%		10	
Less than 70%		20	
Equipment Condition			
Good		2	
Average		10	
Fair		20	
Poor		30	
Tenant Expects to Stay			
2 years or Less		1	
2 – 5 years		5	
6 – 10 years		10	
Over 10 years		15	
Total Score			
		Repair: 0 – 40	0 – 45
		Questionable: 41 – 60	46 – 70
		Replace: 61 –	71

¹ Refer to ARI Guide for EER, SEER and AFUE ratings.

² HFC (R134a, Puron 410a), HCFC (R22), CFC (R12, R500)

Red FLAGS

Refer to the sales department if customer's system requires changes due to any of the following conditions / observations:

		Y	N
Airflow			
<ul style="list-style-type: none"> • Are there any airflow problems? • Too hot in summer or too cold in winter? • Any leaks in duct system? 	<input type="checkbox"/>	<input type="checkbox"/>	
Noise			
<ul style="list-style-type: none"> • Any noise issues (i.e. vibration, whistling) 	<input type="checkbox"/>	<input type="checkbox"/>	
Refrigerants			
<ul style="list-style-type: none"> • Does system require recharging annually or more? 	<input type="checkbox"/>	<input type="checkbox"/>	
Cycling			
<ul style="list-style-type: none"> • Does unit cycle on and off a lot? 	<input type="checkbox"/>	<input type="checkbox"/>	
Comfort			
<ul style="list-style-type: none"> • Are some areas comfortable and other areas not? 	<input type="checkbox"/>	<input type="checkbox"/>	
Remodeling / Tenant Changes			
<ul style="list-style-type: none"> • Has space usage changed (partitions moved, new activities, basic use of building changed)? • Any office equipment added (computers, copiers, vending machines, ovens, dryers, etc)? • Has number of employees changed? • Are digital controls desired/required (network capability, remote monitoring, etc)? 	<input type="checkbox"/>	<input type="checkbox"/>	
IAQ – Indoor Air Quality			
<ul style="list-style-type: none"> • Are there any unusual smells in the building (e.g. musty, moldy or dirty sock odor)? • Any noticeable stains on ceiling tiles, wet carpet or evidence of mold or mildew? • Is outside air damper closed or not working? • Is outdoor air intake located near exhaust outlets, standing water, dumpsters or loading docks? • Is condensate drain pan dirty and is drain line plugged or installed incorrectly? • Do tenants complain of itchy, watery eyes, allergies or other respiratory problems while in the building that disappear when they leave? • Is supply or return duct dirty or wet? • Has tenant recently remodeled with new furniture, carpeting or wallpaper? • Are there any activities conducted in the building that emit odors, dust or smoke (e.g. lithograph machines, blueprint or copiers, cooking, cleaning solvents, soldering)? • Is pest control or janitorial activities conducted during working hours? 	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel Changes			
<ul style="list-style-type: none"> • Would replacement of unit be an opportunity to change fuel type (i.e. electric to gas) 	<input type="checkbox"/>	<input type="checkbox"/>	
Repair History / Safety Issues			
<ul style="list-style-type: none"> • Has compressor(s) or HX been replaced? • Carbon Monoxide present • Fuel leaks present? 	<input type="checkbox"/>	<input type="checkbox"/>	