



# Replacement Decision Worksheet

Name:			<b>THE DECISION SECTION</b>			
Address				Cooling and HP	Furnace Or Boiler	Gas or Electric P.U.
City:	State:	Zip:	<b>Age Of Equipment Under Consideration</b>			
Phone:			0-6 years = 1			
			7-10 years = 5			
			11-20 years = 10			
<b>THE RED FLAG SECTION</b>			<b>Estimated Cost of Repairs</b>			
This section is intended to identify certain conditions that may warrant a call to the sales department.			Less than \$100 = 1			
<b>Overall Comfort (heating)</b>			\$100 to \$500 = 6			
Home too hot or cold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$501 to \$1000 = 12			
Warm or cold spots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Over \$1000 = 25			
<b>Cooling System Cycling</b>			<b>Owner Expects To Stay In Home</b>			
Runs excessively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	2 years or less = 1			
Short cycles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Up to 5 years = 5			
<b>Overall Comfort (cooling)</b>			Up to 10 years = 10			
Home too hot or cold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Over 10 years = 17			
Warm or cold spots?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>SEER (Efficiency)</b>			
<b>Home Improvements</b>			Over 10 = 1			
Room additions or expansions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	8 to 10 = 5			
Additional insulation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5 to 7 = 10			
New siding or windows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Less than 5 = 20			
Skylights added?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>AFUE (Efficiency)</b>			
<b>Building Codes and Safety</b>			Over 87 = 1			
Serious unsafe conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	80 to 87 = 5			
Carbon monoxide present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	70 to 79 = 10			
Evidence of fuel leaks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Less than 70 = 20			
Is there unsafe wiring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>General Condition of Outdoor Equipment</b>			
Significant building code changes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Good = 1			
Has the system been "red tagged"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Average = 5			
<b>Heating System Cycling</b>			Fair = 10			
Runs excessively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poor = 20			
<b>Refrigerants and Metering</b>			<b>General Condition of Indoor Equipment</b>			
Will refrigerant need to be changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Good = 1			
Change metering device?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Average = 5			
<b>Airflow</b>			Fair = 10			
Are there airflow problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Poor = 20			
Is return adequate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Are The Required Repairs Covered By Warranty</b>			
Are supply runs large enough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Yes / Completely = 0			

<b>Flue Venting and Combustion</b>			Yes / Partially = 2			
Are there venting problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No = 5			
Short cycles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Enough combustion air?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>TOTAL SCORE</b>			
<b>Noise</b>			Repair:	0 to 39	0 to 34	0 to 43
Are there noise problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Questionable:	40 to 58	35 to 48	44 to 68
<b>History of Repairs and Maintenance</b>			Replace:	= > 59	= > 49	= > 69
Has the compressor been replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Has heat exchanger been replaced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

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