

**Place Manufacturers' Representative Agency Logo
and Contact Information Here**

Recommended Demonstration Inspection Report

Dealer: _____	Customer: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Date Performed: _____	

Manufacturer(s): _____

Model: _____	Serial No.: _____
Model: _____	Serial No.: _____
Model: _____	Serial No.: _____

Or One of the Following: Invoice# : _____ PO# : _____ Acknowledgement# : _____

1. Utilities connected:

• Steam	Yes _____	No _____
• Gas	Yes _____	No _____
• Electricity	Yes _____	No _____
• Water	Yes _____	No _____
• Drain	Yes _____	No _____
Pilots operational:	Yes _____	No _____
Start-Up/Performance Check Done:	Yes _____	No _____
Calibrated/Fired Off:	Yes _____	No _____
Authorized Service Agent:	Yes _____	No _____
Operational/Maintenance Manual:	Yes _____	No _____
All Accessories with Units:	Yes _____	No _____

Installation Notes: _____

Type of Equipment Demonstrated: _____

• Reviewed Operation and Controls:	Yes _____	No _____
• Discussed Product Applications:	Yes _____	No _____
• Reviewed Daily and Periodic Cleaning/Maintenance:	Yes _____	No _____
• Provided Authorized Service/Warranty/Information:	Yes _____	No _____

Demonstration Notes/Follow-up: _____

I verify that the equipment listed above has been demonstrated to my satisfaction.

Customer: _____	Date: _____
Signature: _____	Manufacturers' Rep: _____

Supported By:

