



## Contractor Duct Repair Form

(Only one system per form)

Customer Name: \_\_\_\_\_ Date of repair: \_\_\_\_\_

Address of Repair: \_\_\_\_\_

Contractor/Company Name: \_\_\_\_\_

Materials used for repair work: \_\_\_\_\_

**Please complete all requested information**

**Unit size: \_\_\_\_\_ ton**

<b>AHU Location:</b>	
Return air plenum/platform and cabinet sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Furnace</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Combustion air and intake air free of debris	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flue pipe properly installed and sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
AHU closet door gasket/seal complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return air sealed from intake & combustion air	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling/wall supply registers sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling/wall return registers sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of flex connections sealed	_____
# of ceiling/floor boxes sealed	_____
# of junctions repairs (where a branch connects to main trunk)	_____

The duct system has been thoroughly checked and sealed  Yes  No  
 (A yes response to this question is a prerequisite to obtaining a GRU Duct Repair Rebate)

Cost of repair: \_\_\_\_\_

\_\_\_\_\_  
 Name of Air Distribution Specialist  
 Please Print

GRU reserves the right to perform pre and post evaluations

<b>FOR GRU USE ONLY</b>  SYSTEM CFM _____  10% cfm _____ Pass _____ Fail
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\_\_\_\_\_  
 Date