

**COMPLETED BY:**  
\_\_\_\_\_  
**DATE:** \_\_\_\_\_



**THERMO PRODUCTS, LLC**  
**PO BOX 237**  
**DENTON, NC 27239**  
**techservice@thermopride.com**  
**PHONE# 800-476-4328**  
**FAX# 717-399-2044**

**FOR OFFICE USE ONLY**  
**APPROVED BY:**  
\_\_\_\_\_  
**DATE:** \_\_\_\_\_

**INSPECTION REPORT FOR WARRANTED HEAT EXCHANGER**

**NOTICE: IF THE FOLLOWING INFORMATION IS NOT COMPLETE AND ACCURATE, THIS WARRANTY CLAIM MAY BE DELAYED OR DENIED.**

**IMPORTANT: All replacement Heat Exchangers requested for shipment prior to confirmation of the warranty claim approval will be billed to the ordering dealer. If the claim is denied, the dealer will be responsible for the Heat Exchanger and shipping cost.**

**Service company** \_\_\_\_\_ ***Billing address*** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Contact person for questions.** \_\_\_\_\_

**Check box if *shipping address* same as *Billing address* above. (If same skip next section)**

**Wholesaler/Distributor** \_\_\_\_\_ ***Contact Name*** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**IMPORTANT: User or Owner is responsible for cost of freight.**

**User/Owner name** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Is this the original purchaser of the unit?**  Yes  No

**Furnace Model no.** \_\_\_\_\_ **(front or rear flue) please circle one.**

**Serial no.** \_\_\_\_\_ **Date installed** \_\_\_\_\_ **Date failed** \_\_\_\_\_



**PERFORMANCE DATA**

Temperature rise \_\_\_\_\_ (Supply air temp - (minus) Return air temp=Temp rise)

Nozzle size, Orifice size or Rate \_\_\_\_\_ Fuel type \_\_\_\_\_

Tonnage of A/C on unit \_\_\_\_\_  check box if no A/C on furnace

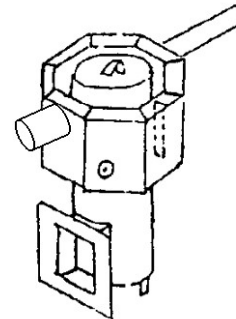
**WARRANTY INFORMATION**

1. Is this unit installed according to local and state codes regarding safety and electrical wiring requirements and/or the installation instructions furnished by Thermo Products Inc?  Yes  No
2. Have the limit controls been modified, bypassed or altered?  Yes  No
3. Is this unit installed in a corrosive atmosphere such as a dry cleaner, beauty parlor, laundromat or industrial environment?  Yes  No
4. Is there an air conditioning coil or heat pump coil on the return air side of the furnace?  
Yes  No
5. Is this failure due to water/condensate damage or act of God?  Yes  No
6. Was this unit modified and/or operated in any manner other than its design configuration?  
Yes  No

Is a replacement combustion chamber required?  Yes  No (The Heat Exchanger is the only component covered under the lifetime warranty)

Please check one below:

- Replacement Heat Exchanger required?
- Allowance toward a new Thermo Pride unit?   
(If available, provide invoice No. \_\_\_\_\_)
- Credit for Heat Exchanger already purchased?   
(If available, provide invoice No. \_\_\_\_\_) **INDICATE FAILURE ↑ LOCATION ABOVE**

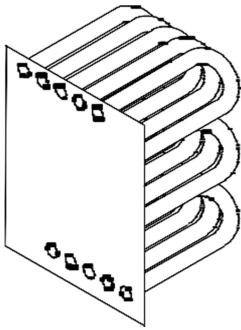


**NOTICE:  
IF HEAT EXCHANGER STYLE IS NOT OIL OR GAS OCTAGON CALL FOR PAGE THREE**

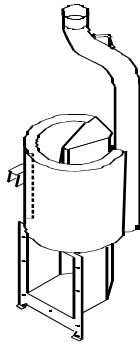
**DESCRIPTION OF FAILURE**

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

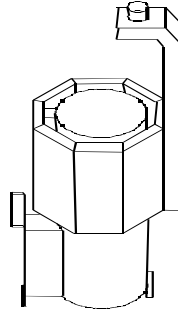
**MARK APPROPRIATE DIAGRAM WITH LOCATION OF HEAT EXCHANGER FAILURE.**



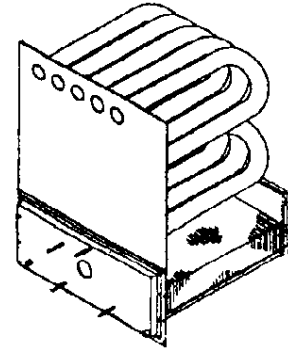
**MHA & MDA,  
GMD, GPA**



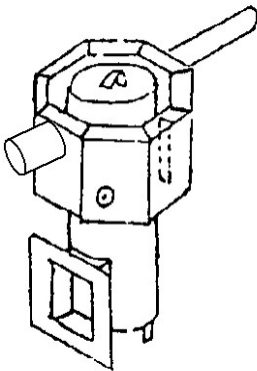
**OMA & GMA**



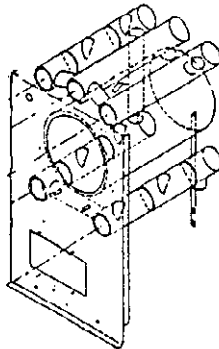
**OC1, GC1,  
OMC, OME**



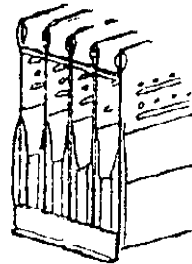
**CHA, CHB, CCA, CCB, CDB,  
CLH, CLQ, CMA, CMC**



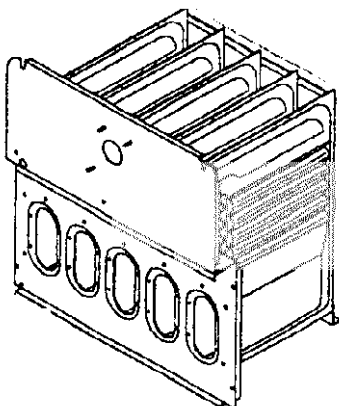
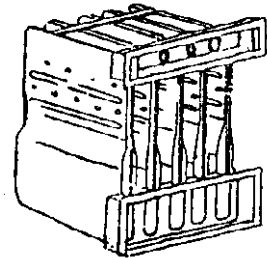
**OCTAGON GAS or OIL**



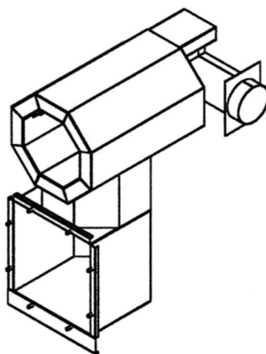
**GHC**



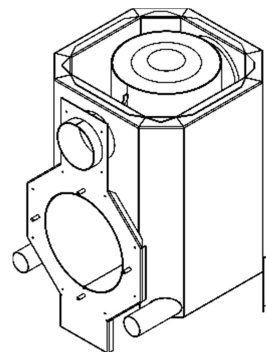
**SECTIONAL GAS GH, GL, GC or IGH & IGC**



**IHB & IHA**



**OPA**



**OH6, OH8, OL6, OD6, OL8**

**SERVICE COMPANY** \_\_\_\_\_

**DATE** \_\_\_\_\_

**SIGNED** \_\_\_\_\_