



100 AIRPORT DRIVE WESTMINSTER, MD 21157
P: (410) 848-2200 F: (410) 848-8843

REPAIR OR REPLACEMENT GUIDE

Description of System Evaluated: _____

DECISION MATRIX

| | | A/C & Heat Pump | Furnace & Boiler |
|--------------------------------------|----|-----------------|------------------|
| AGE OF EQUIPMENT | | | |
| 0 - 5 Years | 0 | | |
| 6 - 10 Years | 10 | | |
| 11 - 20 Years | 20 | | |
| 20 + Years | 30 | | |
| ESTIMATED COST IF REPAIR | | | |
| \$100 - \$200 | 1 | | |
| \$201 - \$500 | 10 | | |
| \$501 - \$1000 | 20 | | |
| Over \$1000 | 30 | | |
| REPAIRS UNDER WARRANTY? | | | |
| Yes | 0 | | |
| No | 10 | | |
| REFRIGERANT? | | | |
| R410A | 0 | | |
| R22 | 10 | | |
| SEER RATING | | | |
| 13 and Over | 0 | | |
| 10 to 12 | 5 | | |
| 8 to 10 | 10 | | |
| Less than 8 | 20 | | |
| AFUE | | | |
| Over 90 | 0 | | |
| 85 to 89 | 5 | | |
| 70 to 84 | 10 | | |
| Less than 70 | 20 | | |
| OUTDOOR EQUIPMENT CONDITION | | | |
| Good | 0 | | |
| Average | 5 | | |
| Fair | 10 | | |
| Poor | 20 | | |
| INDOOR EQUIPMENT CONDITION | | | |
| Good | 0 | | |
| Average | 5 | | |
| Fair | 10 | | |
| Poor | 20 | | |
| OWNER EXPECTS TO STAY IN HOME | | | |
| 2 Years or less | 1 | | |
| 2 to 5 Years | 5 | | |
| 6 to 10 Years | 10 | | |
| Over 10 Years | 20 | | |
| TOTAL SCORE | | | |
| | | 0 - 40 | 0 - 40 |
| Repair | | 41-60 | 41-60 |
| Questionable | | >61 | >61 |
| Replace | | | |

CONSIDERATIONS

| | Y | N |
|--|---|---|
| SAFETY | | |
| Carbon Monoxide concerns | | |
| HEALTH | | |
| Air purification for health reasons | | |
| Humidity control needed | | |
| Pet odors are a concern | | |
| REPAIR HISTORY | | |
| Has a major component of the system been replaced? | | |
| Consistent refrigeration leak | | |
| NOISE | | |
| Problems with indoor noise | | |
| Problems with outdoor noise | | |
| COMFORT | | |
| Uneven temps between rooms | | |
| Inadequate heat or cool capacity? | | |
| OTHER | | |
| Remodeling impact performance | | |
| Replacement qualifies for rebate | | |

Recommendations:

DATE: _____ MCS #: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

PHONE NUMBER: _____

TECHNICIAN: _____