

Technician Checklist



Basic Information						
Customer Name: _____		Repair Date: _____		Work Order#: _____		
Technician: _____		Heater Model: _____		Heater Serial#: _____		
Heater Installer: _____		In-Service Date: _____		Last service/repairs: _____		
Operating Hours: _____		No. of Starts: _____		APU System: _____		
Aftermarket or OE: _____		Boxed unit: Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Customer Complaint :						
Fault codes :	AF	F1	F2	F3	F4	F5
Installation inspection						
Electrical						
Is power taken directly from the battery				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Battery Voltage				_____ V		
Heater Voltage				_____ V		
Fuses/ Circuit Breakers are ok				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Tight connections / No corrosion				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proper gauge wiring / Properly ran and secured				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fuel System						
Is there enough fuel in tank				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Good FMP connections				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proper fuel flow				Yes <input type="checkbox"/> No <input type="checkbox"/>		
FMP mount secure				Yes <input type="checkbox"/> No <input type="checkbox"/>		
FMP angle (15° to 35°)				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Proper supported fuel lines				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the FMP filter clogged				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Correct diameter of fuel line				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Fresh Air Intake and Hot Air Output – Airtronic Heaters						
Any obstructions on inlet / outlet				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any restrictions in ducting				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any restriction around heater (inside cabin)				Yes <input type="checkbox"/> No <input type="checkbox"/>		
Duct length / Number of bends				/		

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Work Order#: _____

Heater Serial#: _____

Combustion Air Intake and Exhaust – Airtronic and Hydronic Heaters		
	Intake	Exhaust
Any damage / obstructions / restrictions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any tight bends / Low spots	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proper routing and support	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Length / Number of bends	/	/
Coolant System – Hydronic Heaters		
Any coolant leaks around	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Any loose connection	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Air have been purged from system	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Correct coolant flow direction	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has coolant flow been restricted	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cause:		
Correction:		
Diagnostic data collection – Required for claim processing without part return		
File name: Use the best reference – e.g. Work Order # OR Customer name, include test type		
General Data: _____	Save # 1	This file does not include the heater Serial Number
Switch-on Component : _____	Testing	This is component testing with the proper voltage
Function Check 1: _____	Save # 2	This test should show the failure / Fault Code(s)
Function Check 2: _____	Save # 3	Must clear previous fault codes in memory. There should be no Fault code present.
Others: _____		Non EDiTH test files
Others: _____		Non EDiTH test files

The claim can be filed and Claim# assigned

The test files are then attached to an email and submitted to Eberspaecher warranty department referencing to the assigned Claim#