



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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TEST RECORD FOR FUEL BURNING EQUIPMENT

(Use separate form for each appliance)

Address: _____ Date of Test: _____

Owner: _____

TYPE OF FUEL: Gas _____ Oil _____ Other _____

Make of Furnace/Boiler _____ Model # _____

Serial # _____ Max BTU Input: _____

Equipment venting type: Atmospheric _____ Induced Fan _____ Vent Connector Type: _____

Total BTU input of all vented gas appliances into common chimney: _____

Type of Chimney: Masonry _____ Class B _____ Other _____

Type of Liner: None _____ Metal _____ Clay Tile _____ Combustion Air Supply Required? Yes _____ No _____

Safety & Operating Control Tests:

<u>Yes</u>	<u>No</u>	<u>Fuel Analysis/Flue Gas Analysis:</u>	<u>Yes</u>	<u>No</u>
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Pilot/Flame Safeguard Operating Properly	_____	_____	Vents Properly Without Spillage	_____	_____
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Limit(s) Operating Properly	_____	_____	Flame Stays Inside/Doesn't Roll Out	_____	_____
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Operator(s) Operating Properly	_____	_____	Burner Lights Smoothly	_____	_____
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Low Water Cut-Off Operating Properly	_____	_____	All Controls Operating Properly	_____	_____
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	<u>Initial</u>	<u>Final</u>	<u>Visual Inspection</u>	<u>Yes</u>	<u>No</u>
Stack Temperature	_____ °F/Net	_____ °F/Net	Fuel Piping System - OK?	_____	_____
Oxygen	_____ %	_____ %	Vent Systems - Drafthood?	_____	_____
Carbon Dioxide	_____ %	_____ %	Connector, Vent Chimney - OK?	_____	_____
Carbon Monoxide	_____ %/ppm	_____ %/ppm	Heating Unit Safe?	_____	_____

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes _____ No _____

COMMENTS: _____

Name of Licensed Contractor: _____ Phone # _____

Address: _____

Person Conducting Test: _____

(Print Name)

(Signature)

City of Saint Paul Certificate of Competency card number for appropriate fuel: _____