



CITY OF SAINT PAUL
Department of Safety & Inspections
Fire Safety Inspection Division

HEATING SYSTEM TEST REPORT

(Use a separate form for each appliance)

375 Jackson Street Suite 220
 Saint Paul, MN 55101-1806
 (P) 651-266-8989 (F) 651-266-8951

Revised 07/2014

ADDRESS:

OWNER:

DATE:

Type of Heat:

- Gravity Air Forced Air Gravity Hot Water Forced Hot Water
 Steam Unit Heater Space Heater Other:

Type of Fuel:

- Gas Oil Other:

Gas Design

Conversion

Make of Burner:

Make:

Model:

Model:

Serial:

Max BTU Rating:

Input:

Make of Furnace:

Equipment Venting Type:

- Atmospheric Induced Fan Other:

Total BTU input of all vented gas appliances per chimney:

- Type of Chimney: Masonry Class B Other: _____
 Type of Liner: None Metal Clay Tile _____
 Vent Connector Material: Type-C Type-B
 Combustion Air Supply Required? Yes No Installed? Yes No

Safety & Operating Control Tests:

Yes	No

Fuel Analysis/Flue Gas Analysis:

Yes	No

- Pilot/Flame Safeguard Operating Properly
 Limit(s) Operating Properly
 Operator(s) Operating Properly
 Low Water Cut-off Operating Properly
 All Controls Operating Properly

Combustion Analysis

Visual Inspection

Combustion Analysis			Visual Inspection	
			Yes	No
Stack Temperature		°F/Net	Fuel Piping System – Okay?	
Oxygen		%	Vent Systems: Draft hood, Connector, Vent Chimney – Okay?	
Carbon Dioxide		%	Heating Unit – Okay?	
Carbon Monoxide		PPM		

Look At The Total Heating System Before You Leave:

Yes No

Does the system operate safely and properly?

COMMENTS:

Name of Licensed Contractor		Address		Phone	
Person Doing the Test (Print):			Signature:		
Certificate of Competency from the City of Saint Paul for Appropriate Fuel:					

THIS TEST IS VALID FOR ONE (1) YEAR