

RETURN FORM TO Community Development  
 6301 Shingle Creek Pkwy  
 Brooklyn Center, MN 55430



Fax to (763) 569-3360 Call (763) 569-3330 for Code Compliance Call (763) 569-3473

## HEATING, VENTILATION, AND COOLING PERFORMANCE SAFETY CHECK or CODE COMPLIANCE

PROPERTY ADDRESS \_\_\_\_\_ Date of Inspection \_\_\_\_\_  
 \*\*\* Contractor must have the proper Brooklyn Center Mechanical or Gas License in order to perform the Performance Safety Check

**Equipment Description (use a separate form for each unit):**

Type \_\_\_\_\_ Location \_\_\_\_\_ Serial# \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Type of Fuel \_\_\_\_\_  
 Equipment Venting Type: Atmospheric \_\_\_ Induced Fan \_\_\_\_\_ Other \_\_\_\_\_

**Total Btu/hr input of all vented gas appliances per chimney:** \_\_\_\_\_

Type of Chimney: Masonry \_\_\_ Class B \_\_\_\_\_ Other \_\_\_\_\_  
 Type of Liner: None \_\_\_\_\_ Metal \_\_\_\_\_ Flex-liner \_\_\_\_\_ B-vent \_\_\_\_\_  
 Combustion Air Supply, with air trap: Yes \_\_\_\_\_ Properly sized \_\_\_\_\_

**Safety & Operating Control Tests:**

Pilot/Flame Safeguard Operating Properly  
 Limit(s) Operating Properly  
 Operator(s) Operating Properly  
 Low Water Cut-Off Operating Properly  
 All Controls Operating Properly  
 Fuel Piping System- Okay Burner  
 Lights Smoothly Connector, Vent,  
 Chimney- Okay Heating Unit-  
 Okay  
 Combustion Chamber/Smoke Bomb Test  
 Vents Properly Without Spillage  
 Flame Stays Inside/Doesn't Roll Out

**Flue Gas Analysis:**

<u>Flue Gas Analysis:</u>	<u>Initial</u>	<u>Final</u>
Stack Temperature	___ F/Net	___ F/Net
Oxygen	___ %	___ %
Carbon Monoxide	___ ppm	___ ppm
Carbon Dioxide	___ %	___ %
Steady State Efficiency	___ %	___ %

**Visual Inspection (plenums, supplies, returns, etc.):**

Pass

**Does the heating system operate safely and properly?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If the heating system does not operate safely and properly, the system needs to be repaired or replaced, with the proper permits.

**Comments (List of all repairs made to the system. All necessary permits need to be obtained):**

Name of Licensed Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Name of Master: \_\_\_\_\_ Master License#: \_\_\_\_\_  
 Person Performing Test: \_\_\_\_\_ Signature: \_\_\_\_\_ *A*  
*licensed journeyman/master heating installer employed by this firm has inspected the heating system(s) of the dwelling listed above. The inspection revealed that the entire heating system(s) is consistent with MN. Mechanical Code Sec. 1346.0103, 1346.0104 and MN. Fuel Gas Code Chapter 9 for adequate heat supply, chimney vent liner, manual gas shut-Off, draft hood, venting, cleaning and servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master heating Installer.*