



FUEL BURNING APPLIANCE CERTIFICATION

Must be completed by a licensed mechanical contractor. All items must be evaluated and marked.

PROPERTY ADDRESS _____

FURNACE:
MAKE _____ MODEL _____

S / N _____ APPROX AGE _____

Btu's _____ Filter Size _____
 Direct Vent _____ Power Vent _____ Natural Draft _____
 Chimney: _____ Lined _____ Unlined _____ Type B-Vent _____

	Pass	Fail		Pass	Fail
Carbon Monoxide Test			Combustion Air		
Fuel/Venting System			Gas Shut Off Valve		
Gas Valve			Electric Shut Off		
Heat Exchanger			Condensate Drain Line		
Burners			Drip Leg on Gas Line		
Burner/Fan Safety Devices			PPM Reading		
Comments/Recommendations					

WATER HEATER/BOILER:
MAKE _____ MODEL _____

S / N _____ APPROX AGE _____

Direct Vent _____ Power Vent _____ Natural Draft _____
 Chimney: _____ Lined _____ Unlined _____ Type B-Vent _____

	Pass	Fail		Pass	Fail
Positive Drafting			Gas Shut Off Valve		
Fuel/Venting System			Drip Leg On Gas Line		
T and P Relief Valve			Combustion Air		
Burner Cover			Electric Shut Off (boiler only)		
Other			Low Water Cut Off (boiler only)		
Comments/Recommendations					

Furnace: Safe _____ Unsafe _____
Water Heater: Safe _____ Unsafe _____
Boiler: Safe _____ Unsafe _____

I hereby certify that the above information is true and correct this _____ day of _____ 20__.

Technician Signature _____

Company Name _____ Phone No. _____

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