Heating, Venting & Cooling Inspection

Contractor Name						
				ZIP		
	Phone					
Equipment Inspec	::ted	***************************************	***************************************		**********	
Describe the type of heating		uipment. (Use sep	arate form for each unit.)			
Make	Model		Serial #			
Make						
 Make						
Services Performed				ach extra sheets as		
	nacted combustion chamb	par for visible crack		Pass	Fail	
1. Cleaned and visually inspected combustion chamber for visible cracks.					Fail	
 Inspected vent connection(s) and chimney(s) for deterioration. Tested control system and checked its operation. Checked correct burner(s) input. Conducted visual inspection of heating unit(s) condition, including clearances to combustible materials. 					Fail Fail	
						Fail
					6. Conducted visual inspection of cooling and ventilation systems when required by housing inspector checklist.	
7. All wiring, including controls, are to be in safe and operational condition.					Fail	
8. Visual Inspection (plenums, supplies, returns, etc.)					Fail	
9. Does heating system operate safely and properly? If the heating system does not operate safely and properly, the system needs to be repaired or replaced, with proper permits applied for and issued.					No	
Describe any additional wo	k performed.					
Signature	***************************************	***************************************			**********	

based upon visual examination of the condition of the heating system on this date at the address listed above.

X Signature	Date