

RETURN FORM TO **Building and Community Standards Department**
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 _____

<u>Safety & Operating Control Tests:</u>	<u>Pass</u>	<u>Flue Gas Analysis:</u>	<u>Initial</u>	<u>Final</u>
Pilot/Flame Safeguard Operating Properly	_____	Stack Temperature	_____F/Net	_____F/Net
Limit(s) Operating Properly	_____	Oxygen	_____%	_____%
Operator(s) Operating Properly	_____	Carbon Monoxide	_____ppm	_____ppm
Low Water Cut-Off Operating Properly	_____	Carbon Dioxide	_____%	_____%
All Controls Operating Properly	_____	Steady State Efficiency	_____%	_____%
Fuel Piping System – Okay Burner	_____			
Lights Smoothly Connector, Vent, Chimney – Okay Heating Unit – Okay	_____ _____ _____	<u>Visual Inspection (plenums, supplies, returns, etc.):</u> Pass _____		
Combustion Chamber/Smoke Bomb Test	_____	<u>Does the heating system operate safely and properly?</u>		
Vents Properly Without Spillage	_____	Yes _____ No _____		
Flame Stays Inside/Doesn't Roll Out	_____	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.