



CEDAR RAPIDS
City of Five Seasons

FUEL BURNING DEVICES
STATUS REPORT (last revised 1/14/2014)
*** (Each section must have a pass or fail marked) ***

ADDRESS OF PROPERTY _____

OWNER / MANAGER _____ INSPECTION DATE _____

FURNACE:

MAKE _____

MODEL _____

S / N _____

APPROX AGE _____

	PASS	FAIL		PASS	FAIL
CARBON MONOXIDE TEST	<input type="checkbox"/>	<input type="checkbox"/>	COMBUSTION AIR	<input type="checkbox"/>	<input type="checkbox"/>
FLUE / VENTING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	GAS SHUT OFF VALVE	<input type="checkbox"/>	<input type="checkbox"/>
GAS VALVE	<input type="checkbox"/>	<input type="checkbox"/>	ELECTRIC SHUT OFF	<input type="checkbox"/>	<input type="checkbox"/>
HEAT EXCHANGER	<input type="checkbox"/>	<input type="checkbox"/>	CONDENSATE DRAIN LINE	<input type="checkbox"/>	<input type="checkbox"/>
BURNERS	<input type="checkbox"/>	<input type="checkbox"/>	DRIP LEG ON GAS LINE	<input type="checkbox"/>	<input type="checkbox"/>
BURNER / FAN SAFETY DEVICES	<input type="checkbox"/>	<input type="checkbox"/>	PPM READING _____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS / RECOMMENDATIONS _____

WATER HEATER:

MAKE _____

MODEL _____

S / N _____

APPROX AGE _____

	PASS	FAIL		PASS	FAIL
CARBON MONOXIDE TEST	<input type="checkbox"/>	<input type="checkbox"/>	GAS SHUT OFF VALVE	<input type="checkbox"/>	<input type="checkbox"/>
FLUE	<input type="checkbox"/>	<input type="checkbox"/>	DRIP LEG ON GAS LINE	<input type="checkbox"/>	<input type="checkbox"/>
TP VALVE	<input type="checkbox"/>	<input type="checkbox"/>	COMBUSTION AIR	<input type="checkbox"/>	<input type="checkbox"/>
BURNER / COVER	<input type="checkbox"/>	<input type="checkbox"/>	PPM READING _____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS / RECOMMENDATIONS _____

I _____, technician, hereby state the above described heating systems to be in
SAFE / UNSAFE operating condition as of the date of this inspection.

Technician Signature _____

Company _____ Company phone # _____