

Wayne Fontaine
(612) 27-9605

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NAME Anna O	ADDRESS 670 5th St East	CITY STATE ZIP St. Paul MN	DATE 2/12/15
INVOICE			

①	Flooring Removal - vinyl flooring tiles	75.00
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Total \$ 75.00

Wayne Fontaine

RETAINED PERFECTION FLOORING
Hardwood Floor • Laminate Floor
Installation and Repair



Wayne Fontaine
612-707-9605
retainedperfection@gmail.com







670











EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT

(Use separate form for each Appliance)

Department of Safety & Inspections
Fire Prevention Division
375 Jackson Street - Suite 220
Saint Paul MN 55103
Fax: 651-266-8951

Address: 670 5th St E Date: 2-11-15

Owner: _____

Type of Heat:
Gravity Air _____ Forced Air Gravity Hot Water _____ Forced Hot Water _____
Steam _____ Unit Heater _____ Space Heater _____ Other _____

Type of Fuel: Gas Oil _____ Other _____
Gas Design _____ Conversion _____
Make of Burner Don N-4H Make _____
Model CNMF X 3805712A3 Model _____
Serial A114958094 Max. BTU Rating _____
Input 50,000 Make of Furnace _____

Equipment venting type: Atmospheric _____ Induced Fan Other _____

Total BTU input of all vented gas appliances per chimney: 50,000

Type of Chimney: Masonry _____ Class B _____ Other PVC

Type of Liner: None _____ Metal _____ Clay Tile _____

Combustible Air Supply Required?: Yes _____ No Installed?: Yes _____ No

Safety & Operating Control Tests:	Yes	No	Fuel Analysis/Flue Gas Analysis:	Yes	No
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	_____	Vents Properly without Spillage	<input checked="" type="checkbox"/>	_____
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	_____	Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	_____
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	_____	Burner Lights Smoothly	<input checked="" type="checkbox"/>	_____
Low Water Cut-Off Operating Properly	<input checked="" type="checkbox"/>	_____			
All Controls Operating Properly	<input checked="" type="checkbox"/>	_____			

	Initial	F/Net	Final	F/Net	Visual Inspection	Yes	No
Stack Temperature	<u>57</u>	_____	<u>53.4</u>	_____	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	_____
Oxygen	<u>9.9</u>	%	<u>9.3</u>	%	Vent Systems - Drafthood, Connector, Vent Chimney - Okay	<input checked="" type="checkbox"/>	_____
Carbon Dioxide	<u>6.4</u>	%	<u>7.2</u>	%	Heating Unit - Okay	<input checked="" type="checkbox"/>	_____
Carbon Monoxide	<u>19</u>	% / ppm	<u>23</u>	% / ppm			

Carbon Monoxide Detector (tube type) Positive Negative _____

Look At Total Heating System Before You Leave:
Does system operate safely and properly? Yes No _____

COMMENTS: _____

Name of Licensed Contractor: Anirgate Heating & A/C Inc Address: PO BOX 1649 MAPLE GROVE 55111 Phone #: 612-328-8660

Person Doing Test (Print) STEVE SWANSON (signature) _____

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 20050000366