



**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 55101
Fax: 651-266-8951

Address: 1134 Jessie St unit A Date: 8-21-14

Owner: Mark Mancini

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 Wahet Make _____
Model SBD4070-1012 Model _____
Serial 3703430720 Max. BTU Rating _____
Input 66,000 Make of Furnace _____

Equipment venting type: Atmospheric _____ Induced Fan Other _____

Total BTU input of all vented gas appliances per chimney: 66,000

Type of Chimney: Masonry _____ Class B Other _____

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	Final	Visual Inspection:	Yes	No
Stack Temperature	<u>287</u> F/Net	<u>287</u> F/Net	Fuel Piping System - Okay	<input checked="" type="checkbox"/>	_____
Oxygen	<u>9.6</u> %	<u>9.7</u> %	Vent Systems—Drafthood, Connector, Vent Chimney— Okay	<input checked="" type="checkbox"/>	_____
Carbon Dioxide	<u>6.4</u> %	<u>6.4</u> %			
Carbon Monoxide	<u>22</u> % / ppm	<u>23</u> % / ppm	Heating Unit - Okay	<input checked="" type="checkbox"/>	_____

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: Doctronics LLC Address: 6100 15th Ave NW Phone #: 763 521 0070

Person Doing Test (Print): Brad Arton (signature) [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 57 207000099

C155 1.15
DUCTWORKS HEATING
763 521 0070

DATE 08/24/14
TIME 02:10:53

FUEL Nat Gas

COMBUSTION

.....
O2 % 9.7
CO2 % 6.4
CO PPM 23
FLUE °F 369.9
INLET °F 76.0
NETT °F 297.1

EFF C 79.9

LOSSES 20.1
XAIR % 88.6

CO/CO2 0.0003
CO AIR FREE 12

PRS INH2O 0.00

.....
Customer
Unit A
Appliance

.....
Ref.
.....



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SAFETY TEST REPORT**

(Use separate form for each Appliance)

Department of Safety & Inspections
Fire Prevention Division
375 Jackson Street - Suite 220
Saint Paul MN 55101
Fax: 651-266-8951

Address: 1134 Jessie St Unit B Date: 8-21-14

Owner: Mark Mancini

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 INSHOT Make _____

Model SBDLA770-10112 Model _____

Serial 3508A3015 Max. BTU Rating _____

Input 66,000 Make of Furnace _____

Equipment venting type: Atmospheric _____ Induced Fan Other _____

Total BTU input of all vented gas appliances per chimney: _____

Type of Chimney: Masonry _____ Class B Other _____

Type of Liner: None _____ Metal Clay Tile _____

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

<u>Safety & Operating Control Tests:</u>	<u>Yes</u>	<u>No</u>	<u>Fuel Analysis/Flue Gas Analysis:</u>	<u>Yes</u>	<u>No</u>
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"/>	_____			

	<u>Initial</u>		<u>Final</u>		<u>Visual Inspection</u>	<u>Yes</u>	<u>No</u>
Stack Temperature	<u>218</u> F/Net		<u>218</u> F/Net		Fuel Piping System - Okay	<input checked="" type="checkbox"/>	_____
Oxygen	<u>8.7</u> %		<u>8.7</u> %		Vent Systems--Draffhood, Connector, Vent Chimney-- Okay	<input checked="" type="checkbox"/>	_____
Carbon Dioxide	<u>6.9</u> %		<u>6.9</u> %				
Carbon Monoxide	<u>30</u> % / ppm		<u>30</u> % / ppm		Heating Unit - Okay	<input checked="" type="checkbox"/>	_____

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: Decker's LLC Address 6108 Olson Memorial Hwy Phone # 763 521 0070

Person Doing Test (Print) Brad Orton (signature) [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 20070000039

0155 1-15
BURNWORKS HEATING
765 521 8072

DATE 08/23/14
TIME 23:58:34

FUEL NAT GAS

COMBUSTION

.....
O2 % 20.7
CO2 % 4.9
CO PPM 36
FLUE BT 290.7
INLET BT 75.0
NETT BT 215.7

EFF % 88.9

LOSSES 17.1
XAIR % 71.3

CO/CO2 6.6604
CO AIR FREE 51

PRS 30H20 0.90

.....
CUSTOMER *Jim B*
.....
APPLIANCE

.....
REF.
.....