



**CITY OF SAINT PAUL**  
**Department of Safety & Inspections**  
**Fire Safety Inspection Division**

**HEATING SYSTEM TEST REPORT**

(Use a separate form for each appliance)

375 Jackson Street Suite 220  
 Saint Paul, MN 55101-1806  
 (P) 651-266-8989 (F) 651-266-8951

Revised 07/2014

ADDRESS: 980 Conway Street  
 OWNER: RBK Management DATE: 1/6/2020

**Type of Heat:**

- Gravity Air     Forced Air     Gravity Hot Water     Forced Hot Water  
 Steam     Unit Heater     Space Heater     Other:

<b>Type of Fuel:</b>	<input checked="" type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Other:
<b>Gas Design</b>	<b>Conversion</b>		
Make of Burner: Weil McLain	Make: N/A		
Model: CGa-4PIDN	Model: N/A		
Serial: CP 7212400	Max BTU Rating: N/A		
Input: 105,000	Make of Furnace: N/A		
Equipment Venting Type:	<input checked="" type="checkbox"/> Atmospheric	<input type="checkbox"/> Induced Fan	<input type="checkbox"/> Other:

**Total BTU input of all vented gas appliances per chimney:** 205,000

- Type of Chimney:  Masonry     Class B     Other: \_\_\_\_\_  
 Type of Liner:  None     Metal     Clay Tile  
 Vent Connector Material:  Type-C     Type-B  
 Combustion Air Supply Required?  Yes     No    Installed?  Yes     No

**Safety & Operating Control Tests:**

	Yes	No
Pilot/Flame Safeguard Operating Properly	✓	
Limit(s) Operating Properly	✓	
Operator(s) Operating Properly	✓	
Low Water Cut-off Operating Properly	N/A	
All Controls Operating Properly	✓	

**Fuel Analysis/Flue Gas Analysis:**

	Yes	No
Vents properly without spillage	✓	
Flame stays inside/Doesn't roll out	✓	
Burner lights smoothly	✓	

<b>Combustion Analysis</b>			<b>Visual Inspection</b>	
Stack Temperature	353.0	°F/Net	Fuel Piping System – Okay?	✓
Oxygen	9.0	%	Vent Systems: Draft hood, Connector, Vent Chimney – Okay?	✓
Carbon Dioxide	6.7	%	Heating Unit – Okay?	✓
Carbon Monoxide	11.0	PPM		

**Look At The Total Heating System Before You Leave:**

	Yes	No
Does the system operate safely and properly?	✓	

COMMENTS:  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Licensed Contractor	<u>Neil Heating</u>	Address	<u>PO Box 29292</u> <u>Mpls MN 55429</u>	Phone	<u>612-730-7453 (John)</u>
Person Doing the Test (Print):	<u>John Young</u>	Signature: _____			
Certificate of Competency from the City of Saint Paul for Appropriate Fuel:				20120000430	

THIS TEST IS VALID FOR ONE (1) YEAR