



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: 1060 Cumberland ST. Date: 5/24/13

Owner: PRC Homes LP

Type of Heat:

Gravity Air _____ Forced Air _____ Gravity Hot Water _____ Forced Hot Water X
Steam _____ Unit Heater _____ Space Heater _____ Other _____

Type of Fuel: Gas X Oil _____ Other _____
Gas Design Hydrotherm **Conversion** _____
Make of Burner _____ Make _____
Model NO NAME PLATE Model _____
Serial 11 Max. BTU Rating _____
Input 11 Make of Furnace _____

Equipment venting type: Atmospheric X Induced Fan _____ Other _____

Total BTU input of all vented gas appliances per chimney:

Type of Chimney: Masonry X Class B _____ Other 120,000
Type of Liner: None _____ Metal _____ Clay Tile X
Combustible Air Supply Required?: Yes X No _____ Installed?: Yes X No _____

Safety & Operating Control Tests:

	Yes	No
Pilot/Flame Safeguard Operating Properly	<u>X</u>	_____
Limit(s) Operating Properly	<u>X</u>	_____
Operator(s) Operating Properly	<u>X</u>	_____
Low Water Cut-Off Operating Properly	<u>N/A</u>	_____
All Controls Operating Properly	_____	_____

Fuel Analysis/Flue Gas Analysis:

	Yes	No
Vents Properly without Spillage	<u>X</u>	_____
Flame Stays Inside/Doesn't Roll Out	<u>X</u>	_____
Burner Lights Smoothly	<u>X</u>	_____

	Initial	Final
Stack Temperature	<u>453</u> F/Net	<u>501</u> F/Net
Oxygen	<u>11</u> %	<u>11.3</u> %
Carbon Dioxide	<u>5.6</u> %	<u>5.4</u> %
Carbon Monoxide	<u>44</u> % / ppm	<u>34</u> % / ppm

Visual Inspection

	Yes	No
Fuel Piping System – Okay	<u>X</u>	_____
Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	<u>X</u>	_____
Heating Unit – Okay	<u>X</u>	_____

Carbon Monoxide Detector (tube type) Positive Negative _____

Look At Total Heating System Before You Leave:

Does system operate safely and properly? Yes X No _____

COMMENTS: Tested after clean

Name of Licensed Contractor: M H Mech Inc Address 23996 Opinda Trn Phone # 651-248-5795
Person Doing Test (Print) Mike Rasier (signature) Mike Rasier
Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 20040000723

testo 327-1
V1.07 01573210/USA

05/22/2013 #1 09:17:28

Fuel Nat Gas
CO2 max 11.7 %

Flue gas

11.0 % Oxygen
5.56 % CO2
53.41 ppm CO
53.3 °F T stack
74.8 % EFF
117.1 °F Dewpoint
76.6 ppm CO AirFree
76.6 °F Ambient temp
38.3 % EXAIR
72.9 °F Instrum temp
--- °F T1 temp.
--- °F T2 temp.
--- °F Diff. temp.
--- inH2O Diff. Press
--- inH2O Draft

testo 327-1
V1.07 01573210/USA

05/22/2013 #2 09:12:51

Fuel Nat Gas
CO2 max 11.7 %

Flue gas

11.0 % Oxygen
5.39 % CO2
50.34 ppm CO
50.1 °F T stack
75.5 °F EFF
116.3 °F Dewpoint
75.7 ppm CO AirFree
75.7 °F Ambient temp
102.2 % EXAIR
68.2 °F Instrum temp
--- °F T1 temp.
--- °F T2 temp.
--- °F Diff. temp.
--- inH2O Diff. Press
--- inH2O Draft

MK Mechanical, Inc

23996 Olinda Trail North
Scandia, MN 55073

Phone # 651-245-6478

Invoice

Date	Invoice #
6/5/2013	4504

Bill To

PRC Homes, LP
1043 Grand Ave #309
St Paul, MN 55104

Project 9158 - Cumberland

Description	Qty	Rate	Amount
Labor Charges - Mike	5	108.00	540.00
Shop and trip charge		110.00	110.00
Service call to 1660 Cumberland May 24, 2013: Boiler Mike completed Orsat test (Copy enclosed) Returned May 28 to check progress of zone valves and transformer. Talked with Mechanical Inspector regarding Orsat test			

Payment Address: 20800 Grafton Ave N, Forest Lake MN 55025.

Total \$650.00

PAYMENT TERMS: Net 30

525.00



STATE SUPPLY COMPANY, INC.

597 Seventh Street East
 Saint Paul, MN 55130-2419
 Phone: 651-774-5985
 Fax: 651-774-7156

PICK TICKET
 REPRINT

Number	403249
Date	06/05/2013
Page	1

Ship To: 001	ELT Minneapolis LLC 4800 East River Road Door 87 Minneapolis, MN 55421	Bill To: 36238	ELT Minneapolis LLC Door 87 4850 East River Rd Fridley, MN 55421	3:57 pm
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P.O. Number	Ordered	Requested	Slsp	Terms	Wh	Freight	Ship Via
Dan	06/05/13	ASAP	11C	NET 30	01	PRE/ADD	WC

Item	Description	Ordered	Ship	Back	UM	On Hand	Loc
HN1090	HNWC 40003916-021 POWER- HEAD 24VOLT OLD 130441ANA M/C 5347-3300-0003-9414 EXP 01/14 V862 PEGGY 651-755-5573 STATE SUPPLY 597 7TH STREET E SAINT PAUL, MN 55130 06/05/2013 16:57:09 Merchant ID: 000000001862464 Terminal ID: 02786495 226451238993 CREDIT CARD MC ADJUST SALE CARD # XXXXXXXXXXXX9414 INVOICE 0010 Batch #: 000626 Approval Code: 558956 Entry Method: Manual Mode: Online Tax Amount: \$25.51 Avs Code: MNN Card Code: M SALE AMOUNT \$360.16 CUSTOMER COPY	5	5		EA	10	2 11 A

Requested by Dan Taken by MRC	W197	Total Weight:	15.0
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