



# 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: 964 Iglehart Ave Date: 9-28-15  
Owner: Anura Si Asen

**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**

Make of Burner Weil-Mclain  
Model CGM-5  
Serial 543126  
Input 140,000 BTU

**Conversion**

Make \_\_\_\_\_  
Model \_\_\_\_\_  
Max. BTU Rating \_\_\_\_\_  
Make of Furnace \_\_\_\_\_

Equipment venting type: Atmospheric  Induced Fan \_\_\_\_\_ Other \_\_\_\_\_

Total BTU input of all vented gas appliances per chimney: 176,000

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
Pilot/Flame Safeguard Operating Properly	<input checked="" type="checkbox"/>	_____
Limit(s) Operating Properly	<input checked="" type="checkbox"/>	_____
Operator(s) Operating Properly	<input checked="" type="checkbox"/>	_____
Low Water Cut-Off Operating Properly	<u>N/A</u>	_____
All Controls Operating Properly	<input checked="" type="checkbox"/>	_____

**Fuel Analysis/Flue Gas Analysis:**

	Yes	No
Vents Properly without Spillage	<input checked="" type="checkbox"/>	_____
Flame Stays Inside/Doesn't Roll Out	<input checked="" type="checkbox"/>	_____
Burner Lights Smoothly	<input checked="" type="checkbox"/>	_____

	Initial	Final
Stack Temperature	<u>357</u> F/Net	<u>357</u> F/Net
Oxygen	<u>9.7</u> %	<u>9.7</u> %
Carbon Dioxide	<u>6.3</u> %	<u>6.3</u> %
Carbon Monoxide	<u>0</u> % / ppm	<u>0</u> % / ppm

**Visual Inspection**

	Yes	No
Fuel Piping System - Okay	<input checked="" type="checkbox"/>	_____
Vent Systems - Drafthood, Connector, Vent Chimney -- Okay	<input checked="" type="checkbox"/>	_____
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: Standard Heating Address: 130 Plymouth Phone #: 6128242656

Person Doing Test (Print): JASON DAVIS (signature) [Signature]

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 20090000202