



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: 1456 COHANSEY Date: 3-25-11
Owner: RICHARD BEDNAR

Type of Heat:

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

Type of Fuel: Gas X Oil _____ Other _____
Gas Design _____ Conversion _____
Make of Burner WATERBURY Make _____
Model LOWBOY Model _____
Serial C61349 Max. BTU Rating _____
Input 90,000 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 _____

Type of Liner: None _____ Metal X 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	<u>X</u>	_____	Vents Properly without Spillage	<u>X</u>	_____
Limit(s) Operating Properly	<u>X</u>	_____	Flame Stays Inside/Doesn't Roll Out	<u>X</u>	_____
Operator(s) Operating Properly	<u>X</u>	_____	Burner Lights Smoothly	<u>X</u>	_____
Low Water Cut-Off Operating Properly	<u>NA</u>	_____			
All Controls Operating Properly	<u>X</u>	_____			

	<u>Initial</u>		<u>Final</u>		<u>Visual Inspection</u>	<u>Yes</u>	<u>No</u>
Stack Temperature	_____ F/Net		<u>390/430</u> F/Net		Fuel Piping System - Okay	_____	_____
Oxygen	_____ %		<u>9.7</u> %		Vent Systems—Drafthood, Connector, Vent Chimney-- Okay	_____	_____
Carbon Dioxide	_____ %		<u>6.5</u> %		Heating Unit - Okay	_____	_____
Carbon Monoxide	_____ % / ppm		<u>79</u> % / ppm			_____	_____

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: _____

Name of Licensed Contractor: Boehm Heating Address 1598 SELBY Phone # 6441410

Person Doing Test (Print) John R. Levesque (signature) John R. Levesque

Certificate of Competency Number from City of Saint Paul for Appropriate Fuel: 7690