



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
St Paul, Minnesota 55101-1806

Telephone: 651-266-8989
Facsimile: 651-266-9124
Web: www.stpaul.gov/dsi

FUEL BURNING EQUIPMENT TEST RECORD

(Use separate form for each appliance)

Address: 1119 Arundell Date of Test: 8/8/11

Owner: GOLAM KIAN

TYPE OF FUEL: Gas Oil Other

Make of Furnace/Boiler _____ Model # _____

Serial # _____ Max BTU Input: _____

Equipment venting type: Atmospheric Induced Fan Other

Total BTU input of all vented gas appliances into common chimney: _____

Type of Chimney: Masonry Class B Other

Type of Liner: None Metal Clay Tile Combustion Air Supply Required? 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"/> | <input type="checkbox"/> | Vents Properly Without Spillage | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Limit(s) Operating Properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Flame Stays Inside/Doesn't Roll Out | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Operator(s) Operating Properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Burner Lights Smoothly | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Low Water Cut-Off Operating Properly | <input type="checkbox"/> | <input type="checkbox"/> | All Controls Operating Properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| | <u>Initial</u> | <u>Final</u> | <u>Visual Inspection</u> | <u>Yes</u> | <u>No</u> |
|-------------------|----------------|--------------|-------------------------------------|-------------------------------------|--------------------------|
| Stack Temperature | ____ °F/Net | ____ °F/Net | Fuel Piping System - OK? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Oxygen | ____ % | ____ % | Vent Draft Hood - OK? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Carbon Dioxide | ____ % | ____ % | Vent Connector and Chimney - OK? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Carbon Monoxide | ____ %/ppm | ____ %/ppm | Metal Chimney Liner Installed - OK? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Look At Total Heating System Before You Leave:
Does system operate safely and properly? Yes No

COMMENTS: No sewage in furnace or in bottom of water heater Both units function

Name of Licensed Contractor: The Heating Guy LLC Phone # _____

Address: 3004 OTTAWA AVE DO ST LOUIS PARK 55416

Person Conducting Test: Douy FERRY (Print Name) Douy FERRY (Signature)

City of Saint Paul Certificate of Competency card number for appropriate fuel: MGA

20010000 269