



**RETURN FORM TO Regulatory Services, Inspection Services  
Housing Inspector or Fire Inspector**

Return to the Inspector by mail, fax or email  
Fax: (612) 673-2110 E-mail: HousingSafetyChecks@minneapolismn.gov  
250 S. 4th Street – Room 300, Minneapolis, MN 55415  
311 or (612) 673-3000 TTY (612) 673-3300

**HEATING, VENTILATION AND COOLING PERFORMANCE  
SAFETY CHECK for RENTAL PROPERTIES**

**PROPERTY ADDRESS** 134 elizabeth at East st paul mn 55107 **Date of Inspection** January 8 2021  
\*\*\*\*Contractor must have the proper Minneapolis Mechanical or Gas License in order to perform the Performance Safety Check\*\*\*\*

**Equipment Description: (use a separate form for each unit)**

Type furnace Location basement Serial # 1912031426  
Make Goodman Model Gmec960403an Type of Fuel gas  
Equipment Venting Type: Atmospheric  Induced Fan  Other

**Total BTU input of all vented gas appliances per chimney:** 40000

Type of Chimney: Masonry  Class B  Other   
Type of Liner: None  Metal  Flex-liner  B-vent   
Combustion Air Supply, with air trap: Yes  Properly sized

**Safety & Operating Control Tests:**

	Pass
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	<u>X</u>
Fuel Piping System-Okay	<u>X</u>
Burner Lights Smoothly	<u>X</u>
Connector, Vent, Chimney – Okay	<u>X</u>
Heating Unit – Okay	<u>X</u>
Combustion Chamber/Smoke Bomb Test	<u>X</u>
Vents Properly Without Spillage	<u>X</u>
Flame Stays Inside/Doesn't Roll Out	<u>X</u>
Carbon Monoxide <u>23ppm</u>	<u>X</u>

**Flue Gas Analysis:**

	Initial	Final
Stack Temperature	<u>F/Net</u>	<u>97 F/Net</u>
Oxygen	<u>%</u>	<u>8.3 %</u>
Carbon Dioxide	<u>%</u>	<u>7.1 %</u>
Steady State efficiency	<u>%</u>	<u>94.5%</u>

**Visual Inspection (plenums, supplies, returns, etc):**

Pass

**Does the heating system operate safely and properly ?**

Yes  No

If the heating system does not operate safely and properly, the system needs to be repaired or replaced, with the proper permits.

**Comments (List of all repairs made to the system. All necessary permits need to be obtained):**

**Name of Licensed Contractor:** McTao Title **Phone:** 651-294-7798  
**Address:** 1220 Coff Ave 55109  
**Name of Master:** [Signature] **Master License #:** 200/000583  
**Person Performing Test:** Tim Devore **Signature:** [Signature]

A licensed journeyman/master heating installer employed by this firm has inspected the heating system(s) of the dwelling listed above. The inspection revealed that the entire heating system(s) is consistent with Mn. Mechanical Code Sec. 103, 104, & 107 and Mn. Fuel Gas Code, Chapter 8 for adequate heat supply, chimney vent liner, manual gas shut-off, draft hood, venting, cleaning and servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master Heating Installer.

Retain a copy for your records. Give a copy of the form to either the Housing Inspector or Fire Inspector assigned to the Housing rental licensing case. The certificate is valid for two years. Send a copy to Truth-in-Housing, if required.