



Combustion Safety & Heating Improvement Survey

Client Name/Job Number: _____ / _____

Address: _____

Testing performed by (print name legibly): _____ Date: _____

Owner Authorization

I authorize representatives of _____ to enter my home to complete necessary health and safety testing and evaluation of my heating system and hot water heater as prescribed on this form. I understand that the testing and evaluation does not necessarily mean that additional work will be performed on the heating system and/or hot water heater. I also understand that neither my family nor myself will be charged any cost related to any work performed on the heating system and hot water heater.

Signature _____ Date _____

Which combustion appliances are present in the home? (Check all that apply)

- Gas range and/or stovetop
- Induced draft furnace or boiler (Category I, 80%+)
- Natural draft water heater (Category I)
- Solid fuel stove (wood, pellet, coal, etc.) stove
- Other: _____
- Natural draft furnace or boiler (Category I, 70%+)
- Sealed combustion furnace or boiler (Category IV, 90%+)
- Power-vented water heater (Category III)
- Vented liquid-fueled wall/space heater (gas, oil, etc.)

Unvented combustion fueled space heaters are present in the home: Yes No

If YES, Unvented space heater(s) satisfy requirements of WPN 22-7 and may remain in the home

Unvented space heater(s) must be removed prior to weatherization (# to remove: _____)

- If the housing type is a manufactured home the unvented space heater must be removed.

Did fuel leak testing reveal any fuel leaks?

Yes. Location(s): _____

No

Ambient Carbon Monoxide (CO) result for the space being tested: (As measured CO: _____ PPM)

If CO > 8 ppm, what appears to be the source? _____

Any action taken? No Yes: _____

Was Worst-case CAZ Depressurization test performed? (Complete one form for each CAZ)

Yes. Describe Worst-Case dwelling setup/location: _____

No spillage was detected at worst-case for any appliances in the CAZ

Worst-case spillage test failed for 1 or more appliances in the CAZ

Which appliance(s) failed: _____

Possible cause(s): _____

No. The reason is:

No category I vented appliances are in the home.

Other: _____

Diagnostic Testing Results in Chimney/Flue or at Termination:

Appliance: _____ Air Free CO Measurement: _____ ppm SSE Measurement: _____ %

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Chimney/Flue Visual Inspection and other CAZ related notes: _____

Chimney Evaluation & Recommendations

Repair(s) _____ Chimney Liner (if chimney is unlined)

Comments: _____

CO testing results of gas range and/or stovetop (leave blank if none)

Oven: _____ ppm Stove burners: 1 _____ ppm 2 _____ ppm 3 _____ ppm 4 _____ ppm

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Oven/Stove-top recommendations to lower high CO levels.

Cleaning recommended Repair/Service

Replace (CO as measured cannot be adjusted below 225ppm) LIHEAP ONLY

Heating System Evaluation:

Fuel Type Natural Gas Oil Propane Electric

Manufacturer _____ Model _____

Output BTU _____

Heating System recommendation

Repair/Service Replacement

Heating System recommendation is based on the following reason(s).

Cracked Boiler Block

Utility Violation

Cracked Heat Exchanger

Obsolete beyond repair

- Safety Component Malfunction
- High Carbon Monoxide (COAF)
- Other: _____
- Life expectancy of less than three (3) years
- Poor Efficiency

Comments: _____

If the appliance is a furnace does it provide central air conditioning? Yes No

Does the central air conditioning need to be evaluated for upgrade? Yes No

Existing Central Air Conditioner Data

Manufacturer _____ Model _____ Ton(s) _____

Comments _____

Distribution Evaluation & Recommendation

- Steam supply or return repair
- Radiator repair/replacement
- Circular pump replacement
- Zone valve(s) repair
- Baseboard heating repair/replace
- Duct-work repair/replace

Comments: _____

Hot Water Heater Evaluation

Fuel Type Natural Gas Oil Propane Electric

Manufacturer _____ Model _____

Output BTU _____ GPH _____

Hot Water Heater recommendation

- Repair/Service
- Replacement

Hot Water Heater recommendation is based on the following reason(s).

- Cracked tank
- No hot water
- High Carbon Monoxide (COAF)
- Well pump not working
- Other: _____
- Safety Concerns (add comment)
- Utility Violation
- Life expectancy of less than three (3) years
- Well tank damaged

Comments: _____

Required Photo Checklist:

- All combustion appliances, chimney/flues, and data plates.
- All diagnostic testing results (CO, SSE, Depressurization, etc.).
- Any repairs/replacements necessary or required.