

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)

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

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

☐ Life expectancy of less than three (3) years

☐ High Carbon Monoxide (COAF)

☐ Poor Efficiency

☐ Other: _____

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

☐ Zone valve(s) repair

☐ Radiator repair/replacement

☐ Baseboard heating repair/replace

☐ Circular pump replacement

☐ 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

☐ Safety Concerns (add comment)

☐ No hot water

☐ Utility Violation

☐ High Carbon Monoxide (COAF)

☐ Life expectancy of less than three (3) years

☐ Well pump not working

☐ Well tank damaged

☐ Other: _____

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.