

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

Appliance/Heating System Evaluation

Tenant/Landlord/Home Owner: _____ Job Number: _____

Address: _____ City: _____

Agency Name: _____ Phone #: _____

Agency Contact Person: _____

1. DRYER _____ Gas _____ Electric

A. If Dryer is Gas, has a Carbon Monoxide test and a check for gas leaks been completed? _____ Yes _____ No

B. Ambient Air Reading _____ PPM C. Carbon Monoxide _____ PPM. If you have located a gas leak on the dryer, have you informed the client and notified the local utility company?

_____ Yes _____ No If yes, give the name of company and the person contacted: _____

E. Is the unit properly vented? _____ Yes _____ No

F. Does the owner remove lint from the filter before each use? _____ Yes _____ No

2. STOVE _____ Gas _____ Electric

A. Has a carbon monoxide test and a check for gas leaks been completed? _____ Yes _____ No

If no, please explain: _____

B. Carbon Monoxide Reading: _____ PPM

C. Ambient Air Reading _____ PPM

D. If you have located a gas leak on the stove, have you informed the client and notified their local utility company?

_____ Yes _____ No If yes, give the name of the company and the person contacted? _____

3. FURNACE, BOILER, SPACE HEATER, or HOT WATER HEATER

A. Air-Free (CO) Carbon Monoxide Reading on unit. (From Final Inspection)

Heating System:
(check result)

PPM Spillage Hot Water Heater:
Pass Fail
Smoke # _____

PPM Spillage Ambient Air:
Pass Fail
Smoke # _____

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B. Has a new unit been installed? _____ Yes _____ No Date Installed: _____

C. What type?

_____ Furnace	Model # _____	Manufacturer _____
_____ Steam Boiler	Model # _____	Manufacturer _____
_____ Space Heater	Model # _____	Manufacturer _____
_____ Hot Water Heater	Model # _____	Manufacturer _____
_____ Hot Water Boiler	Model # _____	Manufacturer _____
_____ Heat Pump	Model # _____	Manufacturer _____

D. Has owner received the manual and warranty information on the unit installed? _____ Yes _____ No

E. The weatherization contractor should be contacted if there is a problem during the first year.

Contractor Name: _____ Phone #: _____

The manufacturer of the unit should be contacted if equipment is older than one year.

Manufacturer Name: _____ Phone #: _____

Local Distributor: _____ Phone #: _____

4. REQUIRED HEATING SYSTEM/HOT WATER TANK MAINTENANCE

- Change filter as needed (Furnaces)
- Flush Low Water Cut-Off Weekly (Steam Boiler)-During Heating Season
- Vacuum Base Board Heat Elements
- Flush Hot Water Tank (Annually)
- Annual service of oil fired heating systems/hot water tanks

Malfunction of Oil-fired Heating Systems due to fuel run-outs are not covered by warranty.

Additional Comments: _____

APPLICANT CERTIFICATION STATEMENT:

I HEREBY CERTIFY THAT I HAVE RECEIVED A COPY, READ AND UNDERSTAND ALL OF THE ABOVE INFORMATION. I UNDERSTAND THAT FAILURE TO COMPLETE AND SUBMIT WARRANTY INFORMATION WILL RESULT IN INELIGIBILITY FOR FUTURE WEATHERIZATION ASSISTANCE.

Signature of Applicant: _____ *Date:* _____

Date

Interviewer Signature