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

- **I**f 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: _____%
Appliance: _____ Air Free CO Measurement: _____ppm SSE Measurement: _____%
Appliance: _____ Air Free CO Measurement: _____ppm SSE Measurement: _____%

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.