

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

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**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