

Georgia Department of Public Health GAS-FIRED EQUIPMENT

Please Print Address: Facility: Equipment Inspected: Date of Inspection: 1. TYPE GAS 4. COMBUSTION AND MAKE-UP AIR LP Sufficient N A. Flame Blue Yellow Natural 2. EQUIPMENT APPROVED B. CO Tester Reading: CSA___UL__Other___ 5. DETECTION OF LEAKS 3. VENTING Odors Ν Secure N 6. LOCATION OF EQUIPMENT Properly Sized N Under Window Y N Vented to Exterior N Y N Enclosed Area (Closet) Proper Terminations (bird proof) Y N Clearance from Combustibles Sat. Unsat. Proper Pitch N Proper Support Y N 7. PROTECTION Proper Clearance Y Manual Pilot_____Auto Pilot _____ Thimbles Used Y N 100% Cutoff _____ Vent Connectors Installed Prop. Y Ν Draft Hood Y N Comments: Serviced By: Licensed Contractor#: (if applicable) Phone Number: Signature_