



## GAS-FIRED EQUIPMENT CHECKLIST

Facility Name:

Facility Address:

IN = In Compliance

OUT = Out of Compliance

N/A = Not Applicable

### Section 1: Type of Gas

1-1. Gas Type:     Liquid Propane (LP)                       Natural Gas

### Section 2: Equipment

2-1. Equipment Approval:  CSA                       UL                       Other

### Section 3: Venting

IN    OUT    N/A

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| 3-1. Secure                             | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-2. Properly Sized                     | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-3. Vented to Exterior                 | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-4. Proper Terminations (Bird Proof)   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-5. Proper Pitch                       | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-6. Proper Support                     | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-7. Proper Clearance                   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-8. Thimbles Used                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-9. Vent Connectors Installed Properly | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 3-10. Draft Hood                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 4: Combustion and Make-up Air

IN    OUT

- |                           |                          |                          |
|---------------------------|--------------------------|--------------------------|
| 4-1. Sufficient           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-2. Flame Color Adequate | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-3. CO Tester Reading:   |                          |                          |

### Section 5: Detection of Leaks

IN    OUT

5-1. Odors Detected:                                           

### Section 6: Location of Equipment

IN    OUT

- |                                  |                          |                          |
|----------------------------------|--------------------------|--------------------------|
| 6-1. Under Window                | <input type="checkbox"/> | <input type="checkbox"/> |
| 6-2. Enclosed Area (Closet)      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6-3. Clearance From Combustibles | <input type="checkbox"/> | <input type="checkbox"/> |

### Section 7: Protection

7-1.     Manual Pilot                       Automatic Pilot                       100% Cutoff

### Section 8: Servicing Company

- |                             |  |
|-----------------------------|--|
| 8-1. Name:                  |  |
| 8-2. Licensed Contractor #: |  |
| 8-3. Company:               |  |
| 8-4. Telephone #:           |  |
| 8-5. Date of Service:       |  |

Comments / Corrective Action (For any item marked as "OUT" above, provide corrective action. Also, if 7-1 is marked as "Manual Pilot" OR 7-1 is marked as "Automatic Pilot" AND 1-1 is "Liquid Propane," provide corrective action):