Clear Form

# GAS-FIRED EQUIPMENT CHECKLIST

GNR PUBLIC HEALTH

Facility Name:

Facility Address:

IN = In Compliance  OUT = Out of Complaince  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 | ☐ | ☐ | |
| 3-2. Properly Sized | ☐ | ☐ | |
| 3-3. Vented to Exterior | ☐ | ☐ | |
| 3-4. Proper Terminations (Bird Proof) | ☐ | ☐ | |
| 3-5. Proper Pitch | ☐ | ☐ | |
| 3-6. Proper Support | ☐ | ☐ | |
| 3-7. Proper Clearance | ☐ | ☐ | |
| 3-8. Thimbles Used | ☐ | ☐ | ☐ |
| 3-9. Vent Connectors Installed Properly | ☐ | ☐ | |
| 3-10. Draft Hood | ☐ | ☐ | ☐ |

| Section 4: Combustion and Make-up Air | IN | OUT |
|---|---|---|
| 4-1. Sufficient | ☐ | ☐ |
| 4-2. Flame Color Adequate | ☐ | ☐ |
| 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 | ☐ | ☐ |
| 6-2. Enclosed Area (Closet) | ☐ | ☐ |
| 6-3. Clearance From Combustibles | ☐ | ☐ |

## 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):