City of Hamtramck
Non-Owner Occupied Program
3401 Evaline
Hamtramck, MI 48212
(313) 800-5233 Ext. 296

FURNACE/HEATING PLANT INSPECTION RECORD

(Inspection must be within ninety (90) days of the application of renewal date.)

PROPERTY ADDRESS: _____

Date Work Performed: _____

Contractor Name: _____

Contractor Address: _____

_____

Phone: _____ Fax: _____

Contractor's State License Number: _____

Technician's Name: _____

Technician's State License Number (If applicable): _____

I hereby certify that I have operated and inspected all the gas and/or oil fired heating equipment at the above referenced address as follows:

1. Heat exchangers were visually inspected if accessible.

2. Carbon monoxide tests were performed in the discharge air plenum and in the immediate vicinity of the unit(s).
   CO reading in plenum _____ In vicinity _____

3. All system controls and safety switches were inspected for proper operation.

4. 110v electrical system was inspected. On/off switch checked for proper operation.

5. All filters were inspected.

No deficiencies were found. All tests and equipment were within normal operating limits.

_____ _____
Technician's Signature Date