

تادتسملا مهف وأ لامكلا ةمجرتلا تامدخل ةجاح كانه تناك اذإ ةماقلا بلطل مسقلا فرشمب لاصتلاا بجري،

যদি নদি সম্পন্ন বা ববাব্বার জনষ অনুবাি পদরষেবার প্রষ াজন হ, অনুগ্রহ কষর বাসস্থানর জনষ অনুষরাধ করার জনষ দবভাগী প্রধাষনর সাষি বযাগাষযাগ করন।



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