



# City of Robbinsdale

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## HEATING, VENTILATION & COOLING PERFORMANCE SAFETY CHECK for RENTAL PROPERTIES

Property Address: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**\*\*\*\* Contractor must have the property State Mechanical or Gas License in order to perform the Performance Safety Check \*\*\*\***

### Equipment Description: (use a separate form for each unit)

Type \_\_\_\_\_ Location \_\_\_\_\_ Serial # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Type of Fuel \_\_\_\_\_

Equipment Venting Type: Atmospheric \_\_\_\_\_ Inducted Fan \_\_\_\_\_ Other \_\_\_\_\_

Total BTU input of all vented gas appliance per chimney: \_\_\_\_\_

Type of Chimney: Masonry \_\_\_\_\_ Class B \_\_\_\_\_ Other \_\_\_\_\_

Type of Liner: None \_\_\_\_\_ Metal \_\_\_\_\_ Flex-liner \_\_\_\_\_ B-Vent \_\_\_\_\_

Combustion Air Supply, with air trap: Yes \_\_\_\_\_ Properly sized \_\_\_\_\_

### Safety & Operating Control Tests:

#### PASS:

#### FLUE GAS ANALYSIS:

#### INITIAL

#### FINAL

Pilot/Flame Safeguard Operating Properly \_\_\_\_\_

Stack Temperature \_\_\_\_\_ F/Net \_\_\_\_\_ F/Net

Limit(s) Operating Properly \_\_\_\_\_

Oxygen \_\_\_\_\_ % \_\_\_\_\_ %

Operator(s) Operating Properly \_\_\_\_\_

Carbon Dioxide \_\_\_\_\_ % \_\_\_\_\_ %

Low Water Cut-Off Operating Properly \_\_\_\_\_

Steady State Efficiency \_\_\_\_\_ % \_\_\_\_\_ %

All Controls Operating Properly \_\_\_\_\_

### Visual Inspection (plenums, supplies, returns, etc)

Fuel Piping System-Okay \_\_\_\_\_

Pass \_\_\_\_\_

Buner Lights Smoothly \_\_\_\_\_

### Does the heating system operate safely & properly?

Connector, Vent, Chimney – Okay \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

Heating Unit Okay \_\_\_\_\_

Combustion Chamber/Smoke Bomb Test \_\_\_\_\_

Vents Properly without Spillage \_\_\_\_\_

Flame Stays Inside/does not roll out \_\_\_\_\_

Carbon Monoxide % \_\_\_\_\_

If the heating unit does not operate safely & properly, the system needs to be repaired or replaced with the proper permits.

**Comments: (list all of the repairs made to the system. All necessary permits need to be obtained):**

Name of Licensed Contractor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Master: \_\_\_\_\_ Master License #: \_\_\_\_\_

Person Performing Test: \_\_\_\_\_ Signature: \_\_\_\_\_

*A licensed journeyman/master heating installer employed by this firm has inspected the heating system(s) of the dwelling listed above. The inspection revealed that the entire heating system(s) is consistent with MN Mechanical Code Sec. 103, 104 & 107 & MN Fuel Gas Code, Chapter 8 for adequate heat supply, chimney vent liner, manual gas shut-off, draft hood, venting, cleaning & servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master Heating Installer.*

Retain a copy for your records. Give a copy of the form to Housing Inspector for the City of Robbinsdale assigned to the Rental case.

The certificate is valid for two (2) years. Form can be emailed to [roce@ci.robbinsdale.mn.us](mailto:roce@ci.robbinsdale.mn.us)