



City of Robbinsdale

4100 Lakeview Ave N • Robbinsdale, MN 55422-2280

#763-531-1261 • Housing Inspector

roce@ci.robbinsdale.mn.us

HEATING, VENTILATION & COOLING PERFORMANCE SAFETY CHECK for RENTAL PROPERTIES

Property Address: _____ Date of Inspection: _____

***** Contractor must have the proper 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:

Pilot/Flame Safeguard Operating Properly _____

Limit(s) Operating Properly _____

Operator(s) Operating Properly _____

Low Water Cut-Off Operating Properly _____

All Controls Operating Properly _____

Fuel Piping System-Okay _____

Buner Lights Smoothly _____

Connector, Vent, Chimney – Okay _____

Heating Unit Okay _____

Combustion Chamber/Smoke Bomb Test _____

Vents Properly without Spillage _____

Flame Stays Inside/does not roll out _____

Carbon Monoxide % _____

FLUE GAS ANALYSIS:

INITIAL

FINAL

Stack Temperature _____ F/Net _____ F/Net

Oxygen _____% _____%

Carbon Dioxide _____% _____%

Steady State Efficiency _____% _____%

Visual Inspection (plenums, supplies, returns, etc)

Pass _____

Does the heating system operate safely & properly?

Yes _____ No _____

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