



Georgia Department of Public Health GAS-FIRED EQUIPMENT

Please Print

Facility:	Address:																														
<p>1. TYPE GAS</p> <p style="margin-left: 20px;">LP</p> <p style="margin-left: 20px;">Natural</p> <p>2. EQUIPMENT APPROVED</p> <p style="margin-left: 20px;">CSA_____ UL_____ Other_____</p> <p>3. VENTING</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Secure</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">N</td> </tr> <tr> <td>Properly Sized</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Vented to Exterior</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Proper Terminations (bird proof)</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Proper Pitch</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Proper Support</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Proper Clearance</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Thimbles Used</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Vent Connectors Installed Prop.</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Draft Hood</td> <td>Y</td> <td>N</td> </tr> </table>	Secure	Y	N	Properly Sized	Y	N	Vented to Exterior	Y	N	Proper Terminations (bird proof)	Y	N	Proper Pitch	Y	N	Proper Support	Y	N	Proper Clearance	Y	N	Thimbles Used	Y	N	Vent Connectors Installed Prop.	Y	N	Draft Hood	Y	N	<p>4. COMBUSTION AND MAKE-UP AIR</p> <p style="margin-left: 20px;">Sufficient Y N</p> <p style="margin-left: 40px;">A. Flame Blue Yellow</p> <p style="margin-left: 40px;">B. CO Tester Reading: _____</p> <p>5. DETECTION OF LEAKS</p> <p style="margin-left: 20px;">Odors Y N</p> <p>6. LOCATION OF EQUIPMENT</p> <p style="margin-left: 20px;">Under Window Y N</p> <p style="margin-left: 20px;">Enclosed Area (Closet) Y N</p> <p style="margin-left: 20px;">Clearance from Combustibles Sat. Unsat.</p> <p>7. PROTECTION</p> <p style="margin-left: 20px;">Manual Pilot _____ Auto Pilot _____</p> <p style="margin-left: 20px;">100% Cutoff _____</p>
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Comments:	Serviced By:																														
<hr/> <hr/> <hr/> <hr/>	<p>Name: _____</p> <p>Licensed Contractor#: _____</p> <p>Company: _____</p> <p>Phone Number: _____</p> <p>Date: _____</p>																														