



**RETURN FORM TO Regulatory Services, Inspection Services
Housing Inspector or Fire Inspector**
Return to the Inspector by mail or fax (612) 673-2110
250 S. 4th Street – Room 300, Minneapolis, MN 55415
311 or (612) 673-3000 TTY (612) 673-3300

**HEATING, VENTILATION AND COOLING PERFORMANCE
SAFETY CHECK for RENTAL PROPERTIES**

PROPERTY ADDRESS _____ **Date of Inspection** _____
 ****Contractor must have the proper Minneapolis 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 _____ Induced Fan _____ Other _____

Total BTU input of all vented gas appliances 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	<u>Flue Gas Analysis:</u>	<u>Initial</u>	<u>Final</u>
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	_____			
Fuel Piping System-Okay	_____	<u>Visual Inspection (plenums, supplies, returns, etc):</u>		
Burner Lights Smoothly	_____	Pass	_____	
Connector, Vent, Chimney – Okay	_____			
Heating Unit – Okay	_____	<u>Does the heating system operate safely and properly ?</u>		
Combustion Chamber/Smoke Bomb Test	_____	Yes	_____	No _____
Vents Properly Without Spillage	_____	If the heating system does not operate safely and properly, the system needs to be repaired or replaced, with the proper permits.		
Flame Stays Inside/Doesn't Roll Out	_____			
Carbon Monoxide % _____	_____			

Comments (List of all 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 and Mn. Fuel Gas Code, Chapter 8 for adequate heat supply, chimney vent liner, manual gas shut-off, draft hood, venting, cleaning and 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 either the Housing Inspector or Fire Inspector assigned to the Housing rental licensing case. The certificate is valid for two years. Send a copy to Truth-in-Housing, if required.