

**HEATER CERTIFICATION
 (VALID FOR (6) MONTHS)**

ADDRESS: _____ DATE: _____

OWNER: _____

Test Must Be Completed for Each Heater Including Gas Log / Gas Fireplace

Type of Heater: _____ Location of Heater: _____

Type of Fuel: Natural Gas ___ LP ___ Oil ___ Other _____

Make of Unit: _____ Model # _____ Serial # _____

Location Of Emergency Shut off Switch: _____

Type of Chimney: _____ Type of Liner: _____

Vent Connector Material : _____ Combustion Air Supply Required: Yes ___ No ___

Safety & Operating Control Tests:

Fuel Analysis/Flue Gas Analysis:

	Yes	No		Yes	No
Pilot/Flame Safeguard Operating Properly	___	___	Vents Properly Without Spillage	___	___
Limit(s) Operating Properly	___	___	Flame Stays Inside/ Does Not Roll Out	___	___
Operator(s) Operating Properly	___	___	Burner Lights Smoothly	___	___
Low Water Cut-off Operating Properly	___	___			

Carbon Monoxide Present _____ PPM

Visual Inspection:

	Yes	No
Fuel Piping at Equipment - Okay?	___	___
Vent Systems: Draft Hood, Connector, Vent Chimney- Okay?	___	___
Vent Connected Properly To Unit	___	___
Combustible Material near Equipment	___	___

Does System Operate Safely and Properly? Yes ___ No ___

Comments : _____

Name of Licensed Contractor: _____ Address: _____ Phone: _____

Technician Conducting Test (print) _____ Signature _____

NJ State License # _____

NJ State Seal: