

**BUREAU OF FIRE SAFETY - LOWER TOWNSHIP**

1389 Langley Road

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**HEATER CERTIFICATION (VALID FOR THREE YEARS)**

**TO BE COMPLETED BY NJ LICENSED CONTRACTOR ONLY**

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:**

Pilot/Flame Safeguard Operating Properly **Yes** \_\_\_ **No** \_\_\_

Vents Properly Without Spillage **Yes** \_\_\_ **No** \_\_\_

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 in Living Space \_\_\_\_\_ PPM

**Visual Inspection:**

Fuel Piping at Equipment - Okay? **Yes** \_\_\_ **No** \_\_\_

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: