



**Georgia Department of Public Health  
GAS-FIRED HEATING EQUIPMENT CHECKLIST**

Please Print

<b>Facility Name:</b>  	<b>Address:</b>  
<p><b>1. GAS TYPE</b></p> <p>Liquid Propane</p> <p>Natural Gas</p> <p><b>2. EQUIPMENT APPROVED</b></p> <p>CSA_____ UL_____ Other _____</p> <p><b>3. VENTING</b></p> <p>Secure <span style="float:right">Y N</span></p> <p>Properly Sized <span style="float:right">Y N</span></p> <p>Vented to Exterior <span style="float:right">Y N</span></p> <p>Proper Terminations (bird-proof) <span style="float:right">Y N</span></p> <p>Proper Pitch <span style="float:right">Y N</span></p> <p>Proper Support <span style="float:right">Y N</span></p> <p>Proper Clearance <span style="float:right">Y N</span></p> <p>Thimbles Used <span style="float:right">Y N</span></p> <p>Proper Vent Connector Installation <span style="float:right">Y N</span></p> <p>Draft Hood <span style="float:right">Y N</span></p>	<p><b>4. COMBUSTION AND MAKE-UP AIR</b></p> <p>Sufficient <span style="float:right">Y N</span></p> <p>A. Flame <span style="float:right">Blue Yellow</span></p> <p>B. CO Tester Reading: _____</p> <p><b>5. DETECTION OF LEAKS</b></p> <p>Odors <span style="float:right">Y N</span></p> <p><b>6. LOCATION OF EQUIPMENT</b></p> <p>Under Window <span style="float:right">Y N</span></p> <p>Enclosed Area (Closet) <span style="float:right">Y N</span></p> <p>Clearance from Combustibles:</p> <p>Satisfactory _____ Unsatisfactory_____</p> <p><b>7. PROTECTION</b></p> <p>Manual Pilot _____ Auto Pilot _____</p> <p>100% Cutoff _____</p>
<p><b>Comments:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Serviced By:</b></p> <p>Name: _____</p> <p>Licensed Contractor#: _____</p> <p>Company: _____</p> <p>Phone Number: _____</p> <p>Date: _____</p>