Georgia Department of Public Health
GAS-FIRED HEATING EQUIPMENT CHECKLIST

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Address:</th>
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1. **GAS TYPE**
   - Liquid Propane
   - Natural Gas

2. **EQUIPMENT APPROVED**
   - CSA _____
   - UL _____
   - Other _____

3. **VENTING**
   - 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
   - Proper Vent Connector Installation Y N
   - Draft Hood Y N

4. **COMBUSTION AND MAKE-UP AIR**
   - Sufficient Y N
     - A. Flame Blue Yellow
     - B. CO Tester Reading: ___________

5. **DETECTION OF LEAKS**
   - Odors Y N

6. **LOCATION OF EQUIPMENT**
   - Under Window Y N
   - Enclosed Area (Closet) Y N
   - Clearance from Combustibles:
     - Satisfactory ____ Unsatisfactory____

7. **PROTECTION**
   - Manual Pilot ____ Auto Pilot ____
   - 100% Cutoff ____

**Comments:**

__________________________________
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__________________________________
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<th>Serviced By:</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Licensed Contractor#:</td>
</tr>
<tr>
<td>Company:</td>
</tr>
<tr>
<td>Phone Number:</td>
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<td>Date:</td>
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TA-Gas Equipment Form 2014   REV 12/22/14