



## 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> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Secure</td> <td style="width: 5%; text-align: center;">Y</td> <td style="width: 15%; text-align: center;">N</td> </tr> <tr> <td>Properly Sized</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Vented to Exterior</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Proper Terminations (bird-proof)</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Proper Pitch</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Proper Support</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Proper Clearance</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Thimbles Used</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Proper Vent Connector Installation</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> <tr> <td>Draft Hood</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> </tr> </table>	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	<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 style="padding-left: 40px;">Satisfactory _____ Unsatisfactory _____</p> <p><b>7. PROTECTION</b></p> <p>Manual Pilot _____ Auto Pilot _____</p> <p>100% Cutoff _____</p>
Secure	Y	N																													
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<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>																														