



*City of Hamtramck*  
*Non-Owner Occupied Program*  
*3401 Evaline*  
*Hamtramck, MI 48212*  
*(313) 800-5233 Ext. 296*

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## FURNACE/HEATING PLANT INSPECTION RECORD

(Inspection must be within ninety (90) days of the application of renewal date.)

PROPERTY ADDRESS: \_\_\_\_\_

Date Work Performed: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contractor's State License Number: \_\_\_\_\_

Technician's Name: \_\_\_\_\_

Technician's State License Number (If applicable): \_\_\_\_\_

I hereby certify that I have operated and inspected all the gas and/or oil fired heating equipment at the above referenced address as follows:

1. Heat exchangers were visually inspected if accessible.
2. Carbon monoxide tests were performed in the discharge air plenum and in the immediate vicinity of the unit(s).  
CO reading in plenum \_\_\_\_\_ In vicinity \_\_\_\_\_
3. All system controls and safety switches were inspected for proper operation.
4. 110v electrical system was inspected. On/off switch checked for proper operation.
5. All filters were inspected.

No deficiencies were found. All tests and equipment were within normal operating limits.

\_\_\_\_\_  
Technician's Signature

\_\_\_\_\_  
Date