

CITY OF CAPE MAY FIRE PREVENTION BUREAU

643 Washington Street
Cape May, NJ 08204
(609) 884-9529 or (609) 884-9534
Fax: (609) 884-8589

HEATER CERTIFICATION
(VALID FOR (12) MONTHS)

DATE: _____

OWNER: _____ PROPERTY LOCATION: _____

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) _____

<u>Safety & Operating Control Tests:</u>	(Yes)	(No)	<u>Fuel Analysis/Flue Gas Analysis:</u>	(Yes)	(No)
Pilot/Flame Safeguard Operating Properly	_____	_____	Vents Properly Without Spillage	_____	_____
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 _____ PPM

<u>Visual Inspection:</u>	(Yes)	(No)
Fuel Piping at Equipment - Okay?	_____	_____
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: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Technician Conducting Test (print): _____ Signature: _____

NJ State License # _____ NJ State Seal: _____