

ABC Heating Company
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CARBON MONOXIDE

Detection, Prevention, Elimination and Education Check List

Customer Name: _____

Address: _____ City: _____ State _____

Telephone #: _____ Altitude: _____ Feet A.S.L.

Attached Garage: ___ YES ___ NO ___ (If yes, provide Garage Safety info)

Outside Ambient CO % ppm: _____ CO % ppm Inside Ambient CO: _____ CO % ppm

External visual inspection of venting terminations: PASS ___ FAIL ___

Fuel types on site: ___ NG ___ LP ___ OIL ___ WOOD (check all applicable)

Smoke Detectors on site: (Press TEST button and make note of pass/fail).

Location 1: _____ Last Battery Change: _____

Date of Manufacturer: _____ Acceptable mount: _____ PASS ___ FAIL ___

Location 2: _____ Last Battery Change: _____

Date of Manufacturer: _____ Acceptable mount: _____ PASS ___ FAIL ___

Location 3: _____ Last Battery Change: _____

Date of Manufacturer: _____ Acceptable mount: _____ PASS ___ FAIL ___

Location 4: _____ Last Battery Change: _____

Date of Manufacturer: _____ Acceptable mount: _____ PASS ___ FAIL ___

Location 5: _____ Last Battery Change: _____

Date of Manufacturer: _____ Acceptable mount: _____ PASS ___ FAIL ___

Location 6: _____ Last Battery Change: _____

Date of Manufacturer: _____ Acceptable mount: _____ PASS _____ FAIL _____

FIRED APPLIANCE SURVEY/INVENTORY

Note: If the appliance is fired with either natural gas, LP, wood or oil it MUST be included in this inventory regardless of whether it is located inside or outside of the dwelling. Use one Survey per appliance tested.

Appliance Type: _____ BtuH Input: _____

Appliance Location: _____

Fuel type: ___ Oil ___ NG ___ LP ___ WOOD ___ OTHER ___ Explain: _____

Venting Configuration (check 1):

___ Atmospheric ___ Sealed ___ Induced ___ Power Burner ___ Power vented

Combustion Air: Square inches of free air: _____ Required: _____

Vent termination: ___ PASS ___ FAIL Vent type: ___ Masonry ___ Metal Single Wall ___

Metal Double Wall Liner: ___ Type L ___ Type B ___ Factory Built ___

Combustion Air Zone Test: ___ PASS ___ FAIL

Ambient CO in immediate vicinity: _____ CO % ppm

Combustion Test: Air free CO % ppm: _____ PASS ___ FAIL ___ Initials _____

Fuel GAS Pressure Before Regulator: _____ Gas Burner pressure: _____

Oil Pressure (psi): _____ Smoke Spot (Oil only): _____

Oxygen: _____ % CO₂ _____ % Net Stack Temp: _____ Degrees F.

Excess Air _____ %

Draft at vent: _____ Inches Water Column (IWC, normal, non worse case CAZ)

Draft over fire: _____ Inches Water Column (normal operation, non worse case CAZ)

Emergency Disconnects: ___ Power ___ Fuel ___ CO

Floor drain seal intact and protected: ___ YES ___ NO ___ N/A

Rollout and spill switches intact: ___ YES ___ NO ___ N/A

Appliance Condition: ___ Excellent ___ Good ___ Fair ___ Poor

DANGER
NEED FOR IMMEDIATE SERVICE

Appliance disabled (initials) _____ Tech _____ Occupant _____

Recommended repairs _____

REQUIRED repairs: _____

Note: Recommended repairs should be performed as soon as possible to avoid conditions that may cause an even more dangerous condition to occur.

REQUIRED repairs indicate a condition that could potentially cause loss of life or endangerment to life. If this condition is found, the appliance should be disabled physically by removing a portion of the fuel supply system and safely capping the fuel supply.

By affixing their signatures here, service technician and occupant acknowledge and understand the importance of this situation:

Technician: _____ Date _____

Occupant: _____ Date _____

Owner: _____ Date _____

Fuel supplier notified: _____ YES _____ NO Date _____

After Service Conditions:

CO (air free): _____ CO % ppm

Other gases: _____ O2: _____ CO2 _____ Net Stack Temperature _____ F

Building ventilation systems: Please note the number and location of all exhaust fans within the structure.

Bath Exhaust Fans: _____

Attic Exhaust Fans: _____

Kitchen Exhaust Fans: _____

Clothes Dryers: _____

ATTACHED GARAGE RECOMMENDATIONS

1. Never allow any automobiles to run their engines in the garage except for moving vehicle in and out or moving vehicle out. **EVEN WITH THE GARAGE DOOR OPEN!**
2. Always open the garage door **BEFORE** starting the engine, and turn the engine **OFF** as soon as possible.
3. Never remove automatic door closure devices.
4. Never allow heating and ventilation ducts within the garage area to become modified in any way.
5. Always make certain that any bedrooms directly above or below the garage are protected by a working carbon monoxide detector installed per the manufacturers recommendations.
6. Never operate open flame gas, kerosene or oil fired appliances in a garage including construction heaters, outdoor grills and unvented gas appliances, lawnmowers, snowblowers, generators etc.

Disclaimer: Any person or corporation or firm using this survey does so at their own risk.

The producers of this form claim no responsibility in its application in the field and cannot guarantee the accuracy of the instruments used.

This form is to act strictly as a guideline for providing HVAC service contractors with a guideline for an inspection in the field as it pertains to performing carbon monoxide inspections in a residential setting. Persons, corporations or firms utilizing said form do so at their own risk and agree to hold the authors, distributors and users of this form free of any harm.

Use of this form does not guarantee a completely safe and carbon monoxide free living space environment before or after its use due to the numerous variables that can exist.