



**Single-Family Combustion Appliance  
Safety Testing**

CUSTOMER AND SITE INFORMATION		
Project Number:	Analyst Name:	Date of Testing:
Customer Name:		
Property Address:		
City/State/ZIP:	Phone Number:	

COMBUSTION APPLIANCE SAFETY TESTING	
Are there any hazards preventing CAZ/CAS testing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Hazard Notes:

**UNATTENDED APPLIANCES**

CAZ Identification:	CAZ #1	CAZ #2	CAZ #3	CAZ #4
Appliance Type:				
Appliance Location:				
Appliance Fuel:				
Zone Ambient CO for this CAZ:	ppm	ppm	ppm	ppm
Gas Leaks: Gas Meter/Gas Main: <input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks
Combustion Ventilation Air (CVA):	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Communication Issues:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Flue inspection:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A

**WORST CASE CONDITIONS testing**

Spillage test (worst case):	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Appliance Ambient CO (worst case):	ppm	ppm	ppm	ppm
Undiluted CO (worst case):	ppm	ppm	ppm	ppm
FAU supply register Ambient CO test location:				
FAU supply register Ambient CO test:	ppm	ppm	ppm	ppm

**NATURAL CONDITIONS testing**

Spillage test (natural):	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A
Appliance Ambient CO (natural):	ppm	ppm	ppm	ppm
Undiluted CO (natural):	ppm	ppm	ppm	ppm
FAU supply register Ambient CO test location:				
FAU supply register Ambient CO test:	ppm	ppm	ppm	ppm



**COMBUSTION APPLIANCE SAFETY TESTING**

**ATTENDED APPLIANCES**

		<b>Cook-top</b>	<b>Oven</b>	<b>Broiler</b>	<b>Dryer</b>
Location:					
Fuel:					
Gas Leak testing:		<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks
Ambient CO for this zone:	ppm	Ambient CO: ppm	ppm	ppm	ppm
Undiluted CO ppm:		ppm	ppm	ppm	ppm
Vented to outside?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Number of CO Monitors in Home (1 per floor of living space is required):

Fireplace damper clamp installed?  Yes  No  N/A

Notes: