

City of Hiawatha
Community Development Department
101 Emmons St., Hiawatha, Iowa 52333-1697
Phone (319) 294-2929 Fax (319) 393-1516

Fuel Burning Devices Status Report

Inspection Date _____

Address of Property _____

Owner / Manager _____

Furnace:

Make _____ Model# _____

S / N _____ Approx Age _____

	PASS	FAIL	COMMENTS
Carbon Monoxide Test	_____	_____	
Flue / Venting	_____	_____	
Gas Valve	_____	_____	
Heat Exchanger	_____	_____	
Burners	_____	_____	
Burner / Fan Safety Devices	_____	_____	

Water Heater:

Make _____ Model# _____

S / N _____ Approx Age _____

	PASS	FAIL	COMMENTS
Carbon Monoxide Test	_____	_____	
Flue	_____	_____	
TP Valve	_____	_____	
Burner / Cover	_____	_____	

I _____ technician, hereby state the above described heating systems to be in SAFE / UNSAFE operating condition as of the date of this inspection.

Technician Signature _____

Company _____