

wX Combustion Safety Test

Customer Name: _____

Project ID: _____

Date: _____

Prep	Dryer <input type="checkbox"/> None <input type="checkbox"/> On (CAZ) <input type="checkbox"/> On (Living Space)	# Bath Fans _____	Kitchen Fan <input type="checkbox"/> On <input type="checkbox"/> None <input type="checkbox"/> Recirculating	Air Handler <input type="checkbox"/> None <input type="checkbox"/> On <input type="checkbox"/> Off	Door to CAZ <input type="checkbox"/> Open <input type="checkbox"/> Closed
	Natural (Winter-time) _____ pa	Worst Case _____ pa	Change in Pressure _____ pa	Exterior Temp _____ °F	Min Allowable Draft* _____ pa

*(Outdoor temp/40) - 2.75

Safety	Was an operable CO detector present <input type="checkbox"/> Yes <input type="checkbox"/> No	Unburned gas odor or oil leaks <input type="checkbox"/> Yes <input type="checkbox"/> No	Broken, detached, or corroded flue pipes <input type="checkbox"/> Yes <input type="checkbox"/> No	Any unvented gas appliances (not including stoves) <input type="checkbox"/> Yes <input type="checkbox"/> No	Nat. draft equipment with multiple or no draft hoods <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Must be recorded for all electric homes w/ attached garages

Domestic Hot Water	TEST IN	Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric	Type <input type="checkbox"/> Standalone Tank <input type="checkbox"/> Indirect Tank <input type="checkbox"/> Tankless Coil <input type="checkbox"/> On-Demand <input type="checkbox"/> Combi	Vent Material <input type="checkbox"/> Galvanized <input type="checkbox"/> B-Vent* <input type="checkbox"/> Stainless* <input type="checkbox"/> PVC* <input type="checkbox"/> Corrugated	Vent Pressure <input type="checkbox"/> Atmospheric <input type="checkbox"/> Fan Assisted (Negative Pressure) <input type="checkbox"/> Forced Draft (Positive Pressure)	Vent Termination <input type="checkbox"/> Chimney <input type="checkbox"/> Side <input type="checkbox"/> Inaccessible
		Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Standalone Draft _____ pa <input type="checkbox"/> N/A	Pass Spillage w/ heating firing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Draft w/ Heating system _____ pa <input type="checkbox"/> N/A	Carbon Monoxide ____ / ____ ppm** <input type="checkbox"/> N/A
	TEST OUT	Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Standalone Draft _____ pa <input type="checkbox"/> N/A	Pass Spillage w/ heating firing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Draft w/ Heating system _____ pa <input type="checkbox"/> N/A	Carbon Monoxide ____ / ____ ppm** <input type="checkbox"/> N/A

*Never Drill into these air-tight vent materials **2 readings for gas atmospheric DHW

Heating System	TEST IN	Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric	Type <input type="checkbox"/> Steam Boiler <input type="checkbox"/> Hydronic Boiler <input type="checkbox"/> Furnace <input type="checkbox"/> All Electric	Vent Material <input type="checkbox"/> Galvanized <input type="checkbox"/> B-Vent* <input type="checkbox"/> Stainless* <input type="checkbox"/> PVC* <input type="checkbox"/> Corrugated	Vent Pressure <input type="checkbox"/> Atmospheric <input type="checkbox"/> Fan Assisted (Negative Pressure) <input type="checkbox"/> Forced Draft (Positive Pressure)	Vent Termination <input type="checkbox"/> Chimney <input type="checkbox"/> Side <input type="checkbox"/> Inaccessible
		Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Standalone Draft _____ pa <input type="checkbox"/> N/A	Carbon Monoxide _____ ppm** <input type="checkbox"/> N/A	Ambient CAZ CO _____ ppm <input type="checkbox"/> N/A	
	TEST OUT	Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Standalone Draft _____ pa <input type="checkbox"/> N/A	Carbon Monoxide _____ ppm** <input type="checkbox"/> N/A	Ambient CAZ CO _____ ppm <input type="checkbox"/> N/A	

*Never Drill into these air-tight vent materials **Atmospheric equipment may have multiple exhaust ports--test and record multiple results if applicable.

Combustion Safety Test Result <input type="checkbox"/> Pass <input type="checkbox"/> Pass w/ Disclosure <input type="checkbox"/> Fail <input type="checkbox"/> Incomplete	Tester's Initials: _____
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Natural	TEST IN	DHW Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DHW Standalone Draft _____ pa Draft w/ Heat Firing _____ pa	DHW Spillage w/ Heat Firing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Heating Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Heating Standalone Draft _____ pa
	TEST OUT	DHW Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	DHW Standalone Draft _____ pa Draft w/ Heat Firing _____ pa	DHW Spillage w/ Heat Firing <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Heating Pass Spillage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Heating Standalone Draft _____ pa

*only required when appliances fail either draft or spillage under Worst Case.