



## APPLIANCE CERTIFICATION

THIS FORM MUST BE COMPLETED BY AN APPLICABLE LICENSED CONTRACTOR (mechanical, plumbing, electrical).  
 ALL ITEMS MUST BE EVALUATED AND MARKED OR THE FORM CANNOT BE ACCEPTED.

PROPERTY ADDRESS \_\_\_\_\_

FURNACE: Circle One:      Electric      Gas

Make:			Model:				
Serial Number:			Approximate Age:				
Btu's:			Filter Size:				
Venting (circle one):		Direct		Power		Natural Draft	
Chimney (circle one):		Lined		Unlined		Type B-Vent	
	Pass	Fail		Pass	Fail		
Carbon Monoxide Test			Combustion Air				
Fuel/Venting System			Gas Shut Off Valve				
Gas Valve			Electric Shut Off				
Heat Exchanger			Condensate Drain Line				
Burners			Drip Leg on Gas Line				
Burner/Fan Safety Devices			PPM Reading				
Proper Breaker or Fuse (Electric)			Protection for NM Cable (Electric)				
FURNACE (circle one):		SAFE			UNSAFE		

WATER HEATER/BOILER: Circle One:      Electric      Gas

Make:			Model:				
Serial Number:			Approximate Age:				
Venting (circle one):		Direct		Power		Natural Draft	
Chimney (circle one):		Lined		Unlined		Type B-Vent	
	Pass	Fail		Pass	Fail		
Positive Drafting			Isolation Water Valve				
Fuel/Venting System			Gas Shut Off Valve				
T and P Relief Valve & Discharge			Drip Leg on Gas Line				
Burner Cover			Combustion Air				
Electric Shut Off (Boiler Only)			Low Water Cut Off (Boiler Only)				
Proper Breaker or Fuse (Electric)			Electrical Connections (Electric)				
Protection for NM Cable (Electric)			Other:				
Water Heater (circle one):		SAFE			UNSAFE		
Boiler (circle one):		SAFE			UNSAFE		

**I hereby certify that the above information is true and correct.**

Date of Service \_\_\_\_\_

Technician Signature \_\_\_\_\_

Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_

(please print)

Inspection Division/515 Clark Ave, Ames, IA 50010/515-239-5153

Email to: [inspections@cityofames.org](mailto:inspections@cityofames.org)