

RETURN FORM TO **Construction Code Services**
Truth-In-Sale of Housing/Code Compliance
505 S. Fourth Ave, Room 320
Minneapolis, MN 55415

TISH contact:
truthinhousing@minneapolismn.gov,
(612) 673-5840 TTY (612) 673-3000
Code Compliance contact:
ccs.certificate@minneapolismn.gov,
(612) 673-5805 TTY (612) 673-3000



Heating, Ventilation and Cooling Performance Safety Check for TISH or Code Compliance

Property Address _____ Date of Inspection _____

*** Contractor must have the proper Minneapolis Mechanical or Gas License in order to perform the Performance Safety Check ***

Equipment Description (use a separate form for each unit):

Type _____ Location _____ Serial # _____

Make _____ Model _____ Type of Fuel _____

Equipment Venting Type: Atmospheric _____ Induced Fan _____ Other _____

Total BTU/hr input of all vented gas appliances per chimney: _____

Type of Chimney: Masonry _____ Class B _____ Other _____

Type of Liner: None _____ Metal _____ Flex-liner _____ B-vent _____

Combustion Air Supply, with air trap: Yes _____ Properly sized _____

Safety & Operating Control Tests:

Pass

Flue Gas Analysis:

Initial

Final

Pilot/Flame Safeguard Operating Properly _____ Stack Temperature _____ F/Net _____ F/Net

Limit(s) Operating Properly _____ Oxygen _____ % _____ %

Operator(s) Operating Properly _____ Carbon Monoxide _____ ppm _____ ppm

Low Water Cut-Off Operating Properly All _____ Carbon Dioxide _____ % _____ %

Controls Operating Properly _____ Steady State Efficiency _____ % _____ %

Fuel Piping System – Okay _____

Burner Lights Smoothly _____

Connector, Vent, Chimney – Okay _____

Heating Unit – Okay _____

Combustion Chamber/Smoke Bomb Test _____

Vents Properly Without Spillage _____

Flame Stays Inside/Doesn't Roll Out _____

Visual Inspection (plenums, supplies, returns, etc):

Pass _____

Does the heating system operate safely and properly?

Yes _____ No _____

If the heating system does not operate safely and properly, the system needs to be repaired or replaced, with the proper permits.

Comments (List of all repairs made to the system. All necessary permits need to be obtained):

Name of Licensed Contractor: _____ Phone: _____

Address: _____

Name of Master: _____ Master License # : _____

Person Performing Test: _____ Signature: _____

A licensed journeyman/master heating installer employed by this firm has inspected the heating system(s) of the dwelling listed above. The inspection revealed that the entire heating system(s) is consistent with Mn. Mechanical Code Sec. 1346.0103, 1346.0104 and Mn. Fuel Gas Code Chapter 9 for adequate heat supply, chimney vent liner, manual gas shut-off, draft hood, venting, cleaning and servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master heating Installer.