



**RETURN FORM TO INSPECTOR BY EMAIL OR MAIL TO:**  
 Regulatory Services  
 Housing Inspections or Fire Inspections  
 250 South 4th Street, Room 300  
 Minneapolis, MN 55415

**HEATING, VENTILATION, AND COOLING PERFORMANCE  
 SAFETY CHECK for RENTAL PROPERTIES**

Property Address/Unit \_\_\_\_\_ 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 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 \_\_\_\_\_

<u>Safety &amp; Operating Control Tests:</u>	<u>Pass</u>	<u>Flue Gas Analysis:</u>	<u>Initial</u>	<u>Final</u>
Pilot/Flame Safeguard Operating Properly	_____	Stack Temperature	_____ F/Net	_____ F/Net
Limit(s) Operating Properly	_____	Oxygen	_____ %	_____ %
Operator(s) Operating Properly	_____	Carbon Dioxide	_____ %	_____ %
Low Water Cut-Off Operating Properly	_____	Steady State efficiency	_____ %	_____ %
All Controls Operating Properly	_____			
Fuel Piping System Operating Properly	_____	<b><u>Visual Inspection (Plenums, supplies, returns, etc.):</u></b>		
Burner Lights Smoothly	_____	Pass _____		
Connector, Vent, Chimney Operating Properly	_____			
Heating Unit Operating Properly	_____	<b><u>Does the heating system operate safely and properly?</u></b>		
Combustion Chamber/Smoke Bomb Test	_____	Yes _____ No _____		
Vents Properly Without Spillage	_____	If the heating system does not operate safely and properly, the system needs to be repaired or replaced, with the proper permits.		
Flame Stays Inside/Doesn't Roll Out	_____			
Carbon Monoxide % _____	_____			

**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. 103, 104, & 107 and Mn. Fuel Gas Code, Chapter 8 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.

Retain a copy for your records. Give a copy of the form to either the Housing Inspector or Fire Inspector assigned to the rental licensing case. The certificate is valid for two years. For questions contact 311 or call (612) 673-3000 TTY (612) 673-3300