

Form C –Single Family Site-Built Combustion Safety Checklist

Client ID/Job Number: _____

Testing performed by (print name legibly): _____ Date: _____

Which combustion appliances are present in the home? (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Gas range and/or stovetop | <input type="checkbox"/> Natural draft furnace or boiler (Category I, 70%+) |
| <input type="checkbox"/> Induced draft furnace or boiler (Category I, 80%+) | <input type="checkbox"/> Sealed combustion furnace or boiler (Category IV, 90%+) |
| <input type="checkbox"/> Natural draft water heater (Category I) | <input type="checkbox"/> Power-vented water heater (Category III) |
| <input type="checkbox"/> Solid fuel stove (wood, pellet, coal, etc.) stove | <input type="checkbox"/> Vented liquid-fueled wall/space heater (gas, oil, etc.) |
| <input type="checkbox"/> Other: _____ | |

Unvented combustion fueled space heaters are present in the home: ☐ **Yes** ☐ **No**

If YES, ☐ Unvented space heater(s) satisfy requirements of WPN 22-7 and may remain in the home

☐ Unvented space heater(s) must be removed prior to weatherization (**# to remove:** _____)

Did fuel leak testing reveal any fuel leaks?

- ☐ **Yes.** Location(s): _____
- ☐ **No**

Ambient Carbon Monoxide (CO) result for the space being tested: (As measured CO: _____ PPM)

If CO > 8 ppm, what appears to be the source? _____

Any action taken? ☐ **No** ☐ **Yes:** _____

Was Worst-case CAZ Depressurization test performed? (Complete one form for each CAZ)

- ☐ **Yes.** Describe Worst-Case dwelling setup/location: _____
- ☐ No spillage was detected at worst-case for any appliances in the CAZ
- ☐ Worst-case spillage test failed for 1 or more appliances in the CAZ
- Which appliance(s) failed: _____
- Possible cause(s): _____
- ☐ **No.** The reason is:
- ☐ No category I vented appliances are in the home.
- ☐ Other: _____

Diagnostic Testing Results in Chimney/Flue or at Termination:

Appliance: _____	Air Free CO Measurement: _____ ppm	SSE Measurement: _____ %
Appliance: _____	Air Free CO Measurement: _____ ppm	SSE Measurement: _____ %
Appliance: _____	Air Free CO Measurement: _____ ppm	SSE Measurement: _____ %

CO testing results of gas range and/or stovetop (leave blank if none)

Oven: _____ ppm **Stove burners:** 1 _____ ppm 2 _____ ppm 3 _____ ppm 4 _____ ppm

Chimney/Flue Visual Inspection and other CAZ related notes: _____

Required Photo Checklist:

- ☐ All combustion appliances, chimney/flues, and data plates.
- ☐ All diagnostic testing results (CO, SSE, Depressurization, etc.).
- ☐ Any repairs necessary or required.