

CITY OF DEER PARK

P.O. Box F • Deer Park, WA 99006 • 276-8802

APPLIANCE FINAL CHECKLIST REPORT

One Per Appliance

This form is to be filled out by the installer and one copy sent to the City of Deer Park Building Office for final inspection.

1. Name _____

Address of Job _____

Permit Number _____

Air Pressure Test: Pressure _____ Number of Minutes _____

Piping Installation: Passed _____ Failed _____ Reason _____

Date _____ Time _____ City Rep. _____

2. Type/Make of Appliance _____

3. Model Number _____ BTU Input _____

4. Serial Number _____

A. Clock Meter _____ Seconds Firing Rate _____ BTU

B. Safety Controls Checked? _____ Yes _____ No

C. Gas Leak Test, Spot Meter: Test _____ Yes _____ No _____ Minutes

Soap Test _____ Yes _____ No Combustible Gas Detector _____ Yes _____ No

D. Heat Rise Across Heat Exchanger (Furnace Only) _____

E. Fan "on" Time or Temp _____ Fan "off" Temp _____ High Limit Temp _____

F. Gas Piping Bonded? _____ Yes _____ No

G. Does the appliance have a sealed outside combustion air? (Direct) _____ Yes _____ No

H. Venting: Type _____ Clearance _____ Size _____ Length _____ Termination Type _____

1. If appliance does not have sealed combustion chamber, is there adequate outside combustion air?

Mechanical room.

1. Two (2) horizontal ducts of one (1) square inch per 2,000 BTU input each of all appliances _____.

2. Two (2) vertical ducts of one (1) square inch per 4,000 BTU input each of all appliances _____.

3. Accepted engineered design with combustion air and outside air into the return air duct/plenum

(size) _____.

4. Pre-1986 house, mechanical room, (1) square inch per 1,000 BTU into remainder of house but no less than 100 square inches high and low _____.

Date _____

Installer's Signature _____

Time _____

License Number and Date of License _____

WWP Gas Meter Number _____

Installation Company _____