



## Georgia Department of Public Health GAS-FIRED EQUIPMENT

Please Print

Facility:	Address:																														
<div style="margin-bottom: 10px;">           1. TYPE GAS                 LP                 Natural         </div> <div style="margin-bottom: 10px;">           2. EQUIPMENT APPROVED                 CSA_____ UL_____ Other_____         </div> <div>           3. VENTING           <table style="width: 100%; border: none;"> <tr><td>Secure</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Properly Sized</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Vented to Exterior</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Proper Terminations (bird proof)</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Proper Pitch</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Proper Support</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Proper Clearance</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Thimbles Used</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Vent Connectors Installed Prop.</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> <tr><td>Draft Hood</td><td style="text-align: center;">Y</td><td style="text-align: center;">N</td></tr> </table> </div>	Secure	Y	N	Properly Sized	Y	N	Vented to Exterior	Y	N	Proper Terminations (bird proof)	Y	N	Proper Pitch	Y	N	Proper Support	Y	N	Proper Clearance	Y	N	Thimbles Used	Y	N	Vent Connectors Installed Prop.	Y	N	Draft Hood	Y	N	<div style="margin-bottom: 10px;">           4. COMBUSTION AND MAKE-UP AIR                 Sufficient                      Y      N                 A. Flame                      Blue    Yellow                 B. CO Tester Reading: _____         </div> <div style="margin-bottom: 10px;">           5. DETECTION OF LEAKS                 Odors                              Y      N         </div> <div style="margin-bottom: 10px;">           6. LOCATION OF EQUIPMENT                 Under Window                      Y      N                 Enclosed Area (Closet)      Y      N                 Clearance from Combustibles    Sat.    Unsat.         </div> <div>           7. PROTECTION                 Manual Pilot _____ Auto Pilot _____                 100% Cutoff _____         </div>
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Comments:  _____  _____  _____  _____	Serviced By:  Name: _____  Licensed Contractor#: _____  Company: _____  Phone Number: _____  Date: _____																														