# CITY OF ONEONTA
# FURNACE, BOILER, AND SPACE HEATER INSPECTION FORM

**Note that the heating system inspection requirement is not complete until heating inspection reports for ALL UNITS in building have been received by the Code Enforcement Office.**
**(One heating unit per form; number of forms must match number of heating units.)**

****** IF THIS FORM IS NOT COMPLETED IN FULL CORRECTLY, IT MAY BE DEEMED INVALID.******
**PLEASE ANSWER ALL QUESTIONS.**

| | | |
|---|---|---|
| 1 | OWNER NAME | |
| 2 | LICENSEE NAME | |
| 3 | INSPECTOR NAME | |
| 4 | PROPERTY ADDRESS | |
| 5 | INSPECTION DATE | |
| 6 | TOTAL NUMBER OF HEATING UNITS IN ENTIRE BUILDING: | |
| | FURNACES ☐ BOILERS ☐ FIXED SPACE HEATERS | |
| 7 | PHYSICAL LOCATION OF HEATING UNIT IN BUILDING: | |
| 8 | PART(S) OF BUILDING HEATED BY THIS UNIT: | |
| 9 | IF MORE THAN ONE HEATING UNIT IN BUILDING, PLEASE IDENTIFY THIS UNIT TO DISTINGUISH IT FROM OTHERS: | |

!!COMPLETE FORM IN INK!!

PLEASE PRINT

**COMMENTS: (Specify all safety issues, etc.)**

**I HAVE INSPECTED THIS FURNACE/BOILER/SPACE HEATER, ITS FUEL SUPPLY SYSTEM, AND ITS EXHAUST SYSTEM, INCLUDING WHERE APPLICABLE COMMON VENTS, CHIMNEY, FLUE PIPE, COMBUSTIBLE STORAGE AREA, INDUCED DRAFT, ELECTRONIC DRAFT DAMPER, BAROMETRIC DRAFT REGULATOR, LOW WATER CUTOFF, THERMOSTATS, POWER DISCONNECT AT HEAD OF STAIRS, PRIMARY CONTROL ON BURNER, AUTOMATIC FEED, HIGH LIMIT CONTROL, PRESSURE RELIEF VALVE, PRESSURE GAUGE, AND FIND IT TO BE IN SAFE OPERATING CONDITION.**

**SIGNATURE OF TECHNICIAN PERFORMING INSPECTION** _____ **DATE** ___/___/___

**SIGNATURE OF LICENSEE** _____ **DATE** ___/___/___