

Fuel Gas (Natural/Propane) Fired Appliances Service Report

The Housing Authority of the City of Atlanta, Georgia

Subject Property Information

Unit Address: _____
(Street) (City) (State) (Zip Code)

Vendor Name: _____ VCode: _____

Business Phone: _____ Cell Phone: _____

Inspection ID: _____

Service Company Information

Note: The Fuel Gas Fired Appliance inspection is required by a licensed HVAC/Plumbing Professional.

Business Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Business Phone: _____ Fax: _____

Email Address: _____

GA License Number: _____ Active Date of License: _____

Appliance Information

<u>Appliances</u>	<u>Gas Type</u>	<u>Compliant</u>
<input type="checkbox"/> Furnace	<input type="checkbox"/> NG <input type="checkbox"/> LP <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Water Heater	<input type="checkbox"/> NG <input type="checkbox"/> LP <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stove	<input type="checkbox"/> NG <input type="checkbox"/> LP <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fireplace	<input type="checkbox"/> NG <input type="checkbox"/> LP <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dryer	<input type="checkbox"/> NG <input type="checkbox"/> LP <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> NG <input type="checkbox"/> LP <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other _____	<input type="checkbox"/> NG <input type="checkbox"/> LP <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

Statement of Compliance

I certify that all Fuel Gas Fired Appliances/Systems checked above have been inspected for gas tightness, standing and working pressure (if test points available), burner pressure/gas rate against manufacturers data plate, satisfactory provisions of all necessary ventilation, flue connection and flow, satisfactory operations of all the flame failure devices, physical stability, presence and effectiveness of stability brackets (where appropriate), and a tightness test of the full system.

Signature: _____ Date: _____

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