



CITY OF NEW HOPE COMMUNITY DEVELOPMENT

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MECHANICAL EVALUATION FORM

GENERAL INFORMATION

Property Address: _____

Property Owner: _____ Date of Evaluation: _____

CONTRACTOR INFORMATION

Business Name: _____ Phone: _____

Contact Name: _____ Email: _____

Address: _____ State License#: _____ Exp. Date: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

A licensed journeyman/master installer employed by this firm has inspected the heating system(s) of the dwelling listed above. The inspection revealed that the entire heating system(s) is consistent with MN. Mechanical Code Sec. 1346.0103, 1346.0104 and MN. Fuel Gas Code Chapter 9 for adequate heat supply, chimney vent liner, manual gas shut-off, draft hood, venting, cleaning and servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master Heating Installer.

EQUIPMENT INFORMATION – USE A SEPARATE FORM FOR EACH UNIT

Type: _____ Make: _____

Location: _____ Model: _____

Serial Number: _____ Type of Fuel: _____

Equipment Venting Type: ☐ Atmospheric ☐ Induced Fan ☐ Other: _____

SAFETY & OPERATING CONTROL TESTS

Pilot/Flame Safeguard Operating Properly:	<input type="checkbox"/> Y <input type="checkbox"/> N	Burner Lights Smoothly:	<input type="checkbox"/> Y <input type="checkbox"/> N
Limit(s) Operating Properly:	<input type="checkbox"/> Y <input type="checkbox"/> N	Connector, Vent, Chimney – Okay:	<input type="checkbox"/> Y <input type="checkbox"/> N
Operator(s) Operating Properly:	<input type="checkbox"/> Y <input type="checkbox"/> N	Heating Unit – Okay:	<input type="checkbox"/> Y <input type="checkbox"/> N
Low Water Cut-Off Operating Properly:	<input type="checkbox"/> Y <input type="checkbox"/> N	Combustion Chamber/Smoke Bomb Test:	<input type="checkbox"/> Y <input type="checkbox"/> N
All Controls Operating Properly:	<input type="checkbox"/> Y <input type="checkbox"/> N	Vents Properly without Spillage:	<input type="checkbox"/> Y <input type="checkbox"/> N
Fuel Piping System – Okay:	<input type="checkbox"/> Y <input type="checkbox"/> N	Flame Stays Inside/Doesn't Roll Out:	<input type="checkbox"/> Y <input type="checkbox"/> N

FUEL GAS ANALYSIS / ORSAT TEST

	<u>INITIAL</u>	<u>FINAL</u>
Stack Temperature:	_____ F/Net	_____ F/Net
Oxygen:	_____ %	_____ %
Carbon Monoxide:	_____ ppm	_____ ppm
Carbon Dioxide:	_____ %	_____ %
Steady State Efficiency:	_____ %	_____ %

Visual Inspection (Plenums, Supplies, Returns, etc.):

☐ Pass ☐ Fail

Does the heating system operate safely and properly?

☐ Yes ☐ No

Comments: (List of all repairs made to the system. All necessary permits need to be obtained):