



City of

WAYNE

BUILDING & ENGINEERING DEPARTMENT

FURNACE SAFETY INSPECTION CERTIFICATION

Address: _____ Date: _____

Homeowner name: _____ Phone: _____

Control/Device	Good	Poor	N/A	Replace
Ignition Control				
Combustion Inducer				
Pressure Switch				
High Limit				
Pilot Assembly				
Flame Sensor				
Thermal Couple				
Fan Limit Switch				
Roll-out Switches				
Low Pressure Cut-off				
Pressure relief valve				
Pressure Reducing valve				
Burners				
Zone Valves				
Pump				
Filters				
Venting Condition				

Heat exchangers visually inspected (Y N)
 Carbon Monoxide tests performed
 CO reading _____ PPM
 All controls/safety switches working properly

Furnace Type: Forced air, Boiler

Furnace make _____

Model # _____

Serial # _____

Comments/Recommendation:

Furnace is safe to use as of time of inspection

Furnace is UNSAFE to use as of time of inspection

Company name: _____ Phone: _____

License Category: 1 2 3 4 5 6 7 8 9 10 A B C D E F (Please Circle appropriate category)

Address: _____ City: _____

License # _____ Technician signature: _____

Licensee name _____ Technician name: _____
(print) (print)

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