



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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