

Rental Housing Services
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FURNACE / BOILER CLEAN & CHECK REPORT

CONTRACTOR INFORMATION

MECHANICAL CONTRACTOR _____

ADDRESS _____ CITY _____

LICENSEE NAME _____

LICENSE # _____ CIRCLE CATEGORY: 1 2 3 4 5 6 7 8 9 10 A B C D E F

PHONE # _____

IF NOT, YOU MUST REGISTER WITH THE CITY PRIOR TO ACCEPTANCE!

OWNER INFO AND LOCATION

JOB ADDRESS _____

OWNER NAME _____ PHONE _____

FURNACE / BOILER CONDITION

MAKE / BRAND _____ MODEL _____ SERIAL _____

CO TEST RESULT's _____ P.P.M. PASS FAIL

HEAT EXCHANGER CONDITION _____

VENTING CONDITION _____

CHIMNEY CONDITION _____

GAS LINE PROPERLY INSTALLED WITH AGA COMPLIANT GAS VALVES? YES NO

EXPANSION TANK AND GAS VALVE OPERATING PROPERLY? YES NO

T/P VALVE AND BACKFLOW PREVENTER TESTED AND OPERATING PROPERLY? YES NO

CERTIFIED? **YES * Date Certified** _____ **NO *Date Failed** _____

By checking yes, I certify that all safety controls have been checked and tested, and the entire system has been thoroughly inspected and is operating in a safe efficient manner.

Signature of Company Representative: _____ Date: _____