

CERTIFICATE OF FURNACE INSPECTION

DATE OF INSPECTION _____

PROPERTY ADDRESS _____

OWNER'S NAME _____

OWNER'S ADDRESS _____

MAKE & SERIAL NUMBER OF FURNACE _____

FURNACE VENTING: GOOD _____ POOR _____

CO TEST: MAXIMUM ALLOWABLE 35 PPM IN AIR STREAM, 100 PPM IN FLUE

PPM IN AIR STREAM _____ PPM IN FLUE _____

COMMENTS: _____

TESTING COMPANY NAME _____

COMPANY ADDRESS _____

SERVICE PERSON _____

SIGNATURE OF COMPANY HEATING LICENSE HOLDER:

(print name) _____ (signature) _____

MAIL COMPLETED FORM TO:

City of Rock Island
Inspection Division
1528 – 3rd Avenue
Rock Island, IL 61201-8678