

FURNACE/GAS WATER HEATER/
GAS FIREPLACE OR STOVE
SAFETY INSPECTION

PROVIDER NAME: _____

Type of Heating Source: _____

Gas Water Heater: Yes _____ No _____

Gas Fireplace/Stove: Yes _____ No _____

The above furnace, gas water heater and/or gas fireplace/stove had
a safety inspection completed and:

_____ The appliance has been installed properly and is operating properly.

_____ The appliance has been inspected and all hazards found have been corrected.

DATE OF HEATING INSPECTION: _____

NAME OF HEATING CONTRACTOR: _____

BUSINESS NAME AND ADDRESS: _____

PHONE NUMBER OF HEATING CONTRACTOR: _____

SIGNATURE OF HEATING CONTRACTOR: _____

SIGNATURE OF PROVIDER: _____