

WX-900G

(REV. 08/09)

**Kentucky Housing Corporation
Department of Design & Construction Review
(Weatherization)**

Natural Gas -Liquid Propane Heat System Evaluation:

Clients Name: _____ **Job #:** _____ **Date:** _____

Heating Unit Location	Model #	Unit Type	BTU Rating	Primary/Secondary
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____

"ALL REPAIRS/REPLACEMENTS SHALL COMPLY WITH NFPA 54"

(Applies to any and all units)

	Repairs Completed		1 st . Post Inspection	
	Yes	No	Pass	Fail
General: Check interior CO level. Yes _____ PPM _____ No _____				
Piping- Checking all piping for gas leaks, If yes, correct immediately. Yes _____ NO _____				
Is approved piping materials used? Yes _____ No _____				
Is an approved manual shut off valve present? Yes _____ No _____				
Is an approved Sediment Trap in place? Yes _____ No _____				
Is gas piping sized to provide adequate BTU capacity? Yes _____ No _____				
Are any combustion appliances located in confined space? Yes _____ No _____ (NFPA 54 using 50 Cubic Feet per 1000 BTU/Hr aggregate input)				
Is unit converted to proper fuel? Yes _____ No _____				
VENTING - NFPA 54, Chapter 10				
Is the appliance venting into a properly lined masonry chimney?				
Is venting material that passes through unconditioned space type B?				
Does the vent & connectors meet clearance requirements?				
Is the vent/chimney termination correct?				

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	Repairs Completed		1 st . Post Inspection	
	Yes	No	Pass	Fail
NATURAL GAS/LP UNITS (indicate unit by letter) Unit _____				
Tune: Yes _____ No _____ Replace: Yes _____ No _____				
CO in ports: Before: _____, _____, _____, _____ ppm After: _____, _____, _____, _____ ppm				
Draft: Before: _____ w.c. in. After: _____ w.c. in.				
Stack Temperature: Before: _____ °F After: _____ °F				
Unit BTU Input rating: _____ k BTU'S Actual: _____ k BTU'S (clock meter)				
SAFETY CONTROLS				
Is unit wired correctly (dedicated circuits, breakers size & general wiring) Yes _____ No _____				
Perform temperature rise test. Supply temp: _____ °F Return Temp: _____ °F Temp rise: _____ °F				
Temperature rise in accordance to manufacturers spec & established standard? Yes _____ No _____				
SSE: Before _____ After: _____ O2: Before: _____ After: _____				
NATURAL GAS/LP UNITS (indicate unit by letter) Unit _____				
Tune: Yes _____ No _____ Replace: Yes _____ No _____				
CO in ports: Before: _____, _____, _____, _____ ppm After: _____, _____, _____, _____ ppm				
Draft: Before: _____ w.c. in. After: _____ w.c. in.				
Stack Temperature: Before: _____ °F After: _____ °F				
Unit BTU Input rating: _____ k BTU'S Actual: _____ k BTU'S (clock meter)				
SAFETY CONTROLS				
Is unit wired correctly (dedicated circuits, breakers size & general wiring) Yes _____ No _____				
Perform temperature rise test. Supply temp: _____ °F Return Temp: _____ °F Temp rise: _____ °F				

Post Inspector

Date