

# WX-900G

(REV. 11/23)

# Kentucky Housing Corporation (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 <sup>st</sup> . Post Inspection	
	Yes	No	Pass	Fail
<b>General:</b> Check interior CO & LEL levels.				
<b>Piping-</b> Checking all piping for gas leaks, if yes, correct immediately. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is approved piping materials used? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is an approved manual shut off valve present? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is an approved Sediment Trap in place? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is gas piping sized to provide adequate BTU capacity? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Are any combustion appliances located in confined space? Yes <input type="checkbox"/> No <input type="checkbox"/> (NFPA 54 using 50 Cubic Feet per 1000 BTU/Hr aggregate input) (BTU x .05= Cubic foot of area required)				
Is unit converted to proper fuel? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>VENTING – Refer to NFPA 54</b>				
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? <input type="checkbox"/> Is it a combined flue? <input type="checkbox"/>				

**"ALL REPAIRS/REPLACEMENTS SHALL COMPLY WITH NFPA 54"**

	Repairs Completed		1 <sup>st</sup> . Post Inspection	
	Yes	No	Pass	Fail
<b>NATURAL GAS/LP UNITS</b> (indicate unit by letter) Unit _____				
Tune: Yes <input type="checkbox"/> No <input type="checkbox"/> Replace: Yes <input type="checkbox"/> No <input type="checkbox"/>				
CO in ports: Before: _____, _____, _____ ppm After: _____, _____, _____ ppm				
Does appliance pass Worst Case Spillage: Before: _____ After: _____				
Testing performed with cold or warm flue pipe? _____ Time to spillage: _____				
Maximum Depressurization Limit: _____				
Stack Temperature: Before: _____ °F After: _____ °F				
Unit BTU Input rating: _____ k BTU'S Actual: _____ k BTU'S (clock meter)				
<b>SAFETY CONTROLS</b>				
Is unit wired correctly (dedicated circuits, breakers size & general wiring) Yes <input type="checkbox"/> No <input type="checkbox"/>				
Perform temperature rise test. Supply temp: _____ °F Return Temp: _____ °F Temp rise: _____ °F				
Temperature rise in accordance to manufacturers spec & established standard? Yes <input type="checkbox"/> No <input type="checkbox"/>				
SSE: Before _____ After: _____ O2: Before: _____ After: _____				
<b>NATURAL GAS/LP UNITS</b> (indicate unit by letter) Unit _____				
Tune: Yes <input type="checkbox"/> No <input type="checkbox"/> Replace: Yes <input type="checkbox"/> No <input type="checkbox"/>				
CO in ports: Before: _____, _____, _____ ppm After: _____, _____, _____ ppm				
Does appliance pass Worst Case Spillage: Before: _____ After: _____				
Testing performed with cold or warm flue pipe? _____ Time to spillage: _____				
Maximum Depressurization Limit: _____				
Stack Temperature: Before: _____ °F After: _____ °F				
Unit BTU Input rating: _____ k BTU'S Actual: _____ k BTU'S (clock meter)				

<b>SAFETY CONTROLS</b>			
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:			
<b>NATURAL GAS/LP UNITS</b> (indicate unit by letter) Unit _____			
Tune: Yes      No      Replace: Yes      No			
CO in ports: Before:      ,      ,      ,      ppm After:      ,      ,      ,      ppm			
Does appliance pass Worst Case Spillage: Before:      After:			
Testing performed with cold or warm flue pipe?      Time to spillage:			
Maximum Depressurization Limit:			
Stack Temperature: Before:      ° F After:      ° F			
Unit BTU Input rating:      k BTU'S      Actual:      k BTU'S (clock meter)			
<b>SAFETY CONTROLS</b>			
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:			
<b>GENERAL:</b>			
Is the thermostat located properly? Yes      No			
Does the filter need replacing? Yes      No			

<b>COOKING EQUIPMENT</b>			
Cooking Equipment PPM: Oven CO as Measured			
Burners Visual Inspection:			

ANSI-BPI / KY CO ACTION LEVELS

Appliance	CO Action Level
Furnace/Space Heater/Boiler	400PPM Air Free
Water Heater	200PPM Air Free
Oven	225PPM As Measured
Stove Top Burners	Visual Inspection

Spillage assessment shall be conducted at 5 minutes of main burner operation in cold vent (except for domestic water heaters). Spillage assessment shall be conducted at 2 minutes of main burner operation for domestic water heaters or warm vent.

**Comments:**

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POST INSPECTION CERTIFICATION: I certify that this Work has been performed in compliance with all Energy Systems policies and testing standards of the Kentucky Weatherization Program Manual, and to the best of my knowledge all energy systems are functioning properly and Regular Weatherization measures can now be performed.

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Post Inspector Date