WX-900 Oil

(REV. 08/09)

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

Oil Heat System Evaluation:

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

Heating Unit Location	Make & Model #	Unit Type	BTU	Primary/Secondary
A.				
B.				
C.				

EVALUATION (OIL UNITS)

"All repairs/replacements shall comply with NFPA-31"	Repairs Completed	Post Inspected
General: check interior CO level. Record ppm: ____before. ____ppm after.	Y__ N__	Y__ N__
Visual: inspect overall condition of equipment -wiring, heat exchanger, combustion chamber, blower and venting. Are repairs needed? Y __ N __	Y__ N__	Y__ N__
Piping: check all piping for oil leaks. Are leaks present? Y __ N __. - Are approved piping materials and fittings used? Y__ N__. - Is an approved manual shutoff valve present in the oil line? Y__ N __. - Is an approved OIL Filter in place in the line? Y__ N __. - Is piping sized to provide adequate Btu capacity? 3/8" line min. Y __ N __. - Is the unit set up for the fuel oil being used? Y __ N __.	Y__ N__	Y__ N__
Are any combustion appliances located in a confined space? Y __ N __.	Y__ N__	Y__ N__
Venting: Does all venting meet code requirements? Y __ N __. - Is appliance vent into a properly lined masonry chimney? Y __ N __ NA __. - Is venting that passes through unconditioned space type L? Y __ N __ NA __. - Does the vent and Connectors meet clearance requirements? Y __ N __. - Is the vent or chimney termination correct? Y __ N __ NA __. - Is a barometric damper correctly installed in the vent connector? Y __ N __ NA __.	Y__ N__	Y__ N__
Oil Units (Indicate the unit by letter) Tune: yes __ no __ Replace: yes __ no __.	Y__ N__	Y__ N__
Unit ___ Record kBtu rating: input ___ output ___. Nozzle size, type, and angle correct? Y __ N __	Y__ N__	Y__ N__
Smoke Test: Before reading ___smoke scale After ___smoke scale.		
Overfire draft: Before ___wc" After __wc". Flue draft: Before __wc" After __wc".		
Net Stack Temperature: Before ____degrees F. After ___ degrees F.		
CO in vent: before reading ____ppm After reading ___ppm.		
CO^2 reading: Before___ % After ___% O^2 reading: Before __% After ___%		
Oil pressure: Before PSI___. Cutoff PSI ____. After PSI ___ Cutoff PSI ___.		
SSE: before ___% After ___%. CO^2 : before ___ After ___ . Stack Temp: ___^{0}F.		

Safety Controls		

Is unit wired correctly (dedicated circuit, breaker size, and general wiring)? Y __ N __.	Y__ N__	Y__ N__
Does the primary control operate correctly? Y ___ N ___. Does cad cell operate correctly? Y ___ N ___.	Y__ N__ Y__ N__	Y__ N__ Y__ N__
Perform a temperature rise test: Supply temp ____minus Return temp ___ = ___TR. Is temperature rise within acceptable range? Y ___ N ___.	Y__ N__	Y__ N__
Is fan control operating correctly? Fan on___^{0} F. Fan off __ ^{0} F. Y __ N __. Does the high limit control function properly? Y ___ N ___.	Y__ N__ Y__ N__	Y__ N__ Y__ N__
Unit ___ (Indicate by letter) Tune: Y__ N__ Replace: Y__ N__. Record kBtu rating: input ___ output ___. Nozzle size, type and angle correct? y _n__.	Y__ N__ Y__ N__	Y__ N__ Y__ N__
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Is fan control operating correctly? Fan on___^{0} F. Fan off __ ^{0} F. Y __ N __. Does the high limit control function properly? Y ___ N ___.	Y__ N__	Y__ N__
General: Does the heat anticipator setting match the amp draw of the circuit? Y __ N __. Is the thermostat located properly? Y __ N __. Does filter need replaced? Y __ N __. Is the blower motor clean and operating properly? Y __ N __.		

CONTRACTOR/TECHNICIAN: I certify that this Work order has been performed in compliance with all Energy Systems policies and testing standards of the Kentucky Weatherization Program Manual.

Contractor/Technician _____ Date _____

POST INSPECTION CERTIFICATION: I certify that this Work order 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.

Post Inspector _____ Date _____

WX-900 Oil

(REV. 01/10/08)
(REV.6/22/09)

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

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Safety Controls		

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