

Certification of Final Testing on Gas Line and Fittings

(This form must be completed and provided to the inspector at final inspection of all newly installed gas lines and/or fittings.)

PERMIT NUMBER: _____ Date of Work Completion: _____

Site Address: _____

Municipality: _____

Company/Installer Name: _____

Describe the Scope of Work Performed

Be specific – include what work was performed, the appliance being serviced, what new components were installed (i.e. gas line, fittings, shut-off valves), and the type of material (i.e. black iron, copper, corrugated stainless steel, plastic). Attach additional sheet(s) if needed:

Type of Approved Test Performed: _____

I certify that on _____^(Date) the above-stated approved test was completed in accordance with Section 406 of the MN Fuel Gas Code, that all work was completed prior to the test, and that no leaks were detected upon completion of the test.

(Signature of Certifying Individual)

(Certification Date)

(Printed Name)

Certification of Testing of Fuel Gas-Fired Heating Equipment

(This form must be completed and provided to the inspector at final inspection of all gas-fired furnaces and boilers.)

PERMIT NUMBER: _____ Date of Test Completion: _____

Site Address: _____

Municipality: _____

Company/Installer Name: _____

ORSAT Test Results						
Atmospheric			Induced Draft/Fan-Assisted		Power Type	
Item	Code Req.	Actual	Code Req.	Actual	Code Req.	Actual
Efficiency	≥ 75 %		≥ 75 %		≥ 80 %	
CO level	≤ .04%		≤ .04%		≤ .04%	
Stack Temp	≤ 480° F		≤ 480° F		≤ 480° F + ambient OR	
					≤ 125° F in excess of fluid Temp + ambient	
CO2 level	Between 6-9%		Between 6-9%		Between 6-9%	
Oxygen level	Between 4-10%		Between 4-10%		Between 3-10%	

I certify that on _____^(Date) the above-stated approved test was completed in accordance with Section 1346.5900 of the MN Fuel Gas Code, that all work was completed prior to the test and that the fuel gas-fired equipment meets the performance standards for the type of equipment.

- A copy of the test results along with the installer's name and test date must be affixed to the appliance.

(Signature of Certifying Individual)

(Certification Date)

(Printed Name)