NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS Division of Housing and Community Resources

Appliance/ Heating System Evaluation

Tenant/Land	dlord/Home (Owner:				
Job Order N	lumber:					
Address:						
City:						
Agency Nar	ne:				Phone #:	
Agency Cor	ntact Person:					
1. D	RYER		Gas		Electric	
	Dryer is Gaspleted?	s, has a Ca	arbon Mono Yes		d a check for g	gas leaks been
В. А	mbient Air R	Reading				PPM
C. (Carbon Mono	xide				PPM
the l	You have loo ocal utility co	ompany?		'es □	No	d the client and notified
E. Is	the unit prop	erly vente	ed?	Yes	□ No	
F. D	oes the owne	r remove	lint from the	e filter befo	re each use?	□ Yes □ No
2. <u>S</u> T	ΓΟVE					
A.	Has a carb ☐ Ye		xide test and No	l a check fo	r gas leaks bee	en completed?
	If no, plea	se explair	1			
В.	Carbon M	onoxide F	Reading:			PPM

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C.	Ambient Air ReadingP							
D.	If you have located a gas leak on the stove, have you informed the client and notified their local utility company? \Box Yes \Box No							
E.	If yes,	If yes, give the name of the company and the person contacted?						
3. <u>FU</u>	RNACI	E, BOILER, SPACE	HEATER, or HOT	WATER HEATER				
A. Ca	ırbon Mo	onoxide Reading on u	nit. (From Final Inspe	ection)				
Heater			PPM Hot Water	HeaterPPM				
В. На	as a new	unit been installed?	□ Yes □ No	Date Installed				
C. WI	hat type'	?						
			Model #	Manufacturer				
		Furnace						
		Boiler						
		Space Heater						
		Hot Water Tank						
D. Ha	as owner	received the manual	and warranty informa	tion on the unit installed	?			
		Yes \square No						
E. The		erization contractor sh	ould be contacted if t	here is a problem during	the first			
Contr	actor Na	ame:	Phone#:					
The n	nanufact	curer of the unit should	d be contacted if equi	oment is older than one y	ear.			
Manu	facturer	Name:		Phone#:				

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Local Distr	ributor:	
Phone #:		
4. REQUI	RED HEATING SYSTEM/HOT WATE	ER TANK MAINTENANCE
	Change filter as needed (Warm Air Un	nit)
	Flush Low Water Cut-Off Weekly (Bo	oiler)-During Heating Season
	Vacuum Base Board Heat Elements	
	Flush Hot Water Tank (Annually)	
	Malfunction of Oil-fired Heating due to fuel run-outs are <u>not</u> covered	<i>.</i>
Additional Comme	ents:	
APPLICANT CE	ERTIFICATION STATEMENT:	
	TIFY THAT I HAVE RECEIVED A CO ALL OF THE ABOVE INFORMATION	
Signature of Appli	icant:	
Date:		
Date		nterviewer

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