

**DEPARTMENT OF PUBLIC WORKS & UTILITIES  
BUILDING & SAFETY INSPECTION DIVISION**

**USED MECHANICAL EQUIPMENT CERTIFICATION REPORT  
FOR ALL FUEL FIRED APPLIANCES**

Date: \_\_\_\_\_ Contractor: \_\_\_\_\_  
Job Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Phone Number: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Mechanical License Number: \_\_\_\_\_  
Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Owner Phone Number: \_\_\_\_\_

**EQUIPMENT INFORMATION**

Serial Number: \_\_\_\_\_ Fuel Type: \_\_\_\_\_  
Brand or Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_  
Approximate Age: \_\_\_\_\_ Type of Unit: \_\_\_\_\_

**I HEREBY CERTIFY THAT I HAVE CHECKED AND TESTED THE ABOVE UNIT FOR DEFECTS AND OR CODE VIOLATIONS AND HAVE CORRECTED SAME TO MEET CURRENT MECHANICAL CODE REQUIREMENTS OF THE CITY OF FLINT.**

**THIS INCLUDED TESTING AND PROPER FUNCTION OF THE FOLLOWING COMPONENTS IF APPLICABLE**

- |  |  |
|--|--|
| <input type="checkbox"/> Heat Exchanger            | <input type="checkbox"/> Cabinet Frames and Braces           |
| <input type="checkbox"/> Fan Control               | <input type="checkbox"/> Fan, Fan Belt and Bearing           |
| <input type="checkbox"/> High Limit Control Cutout | <input type="checkbox"/> Chimney Serving Unit                |
| <input type="checkbox"/> Fuel Pipe Connections     | <input type="checkbox"/> Chimney Connector Serving Unit      |
| <input type="checkbox"/> Burner Orifices Clean     | <input type="checkbox"/> Filter and Filter Rack              |
| <input type="checkbox"/> Air Shutter Adjustment    | <input type="checkbox"/> Electronic Ignition ( Nat. Only )   |
| <input type="checkbox"/> Combustion Air Adequate   | <input type="checkbox"/> Thermostat                          |
| <input type="checkbox"/> Fuel Pressure at Unit     | <input type="checkbox"/> Electrical Disconnect               |
| <input type="checkbox"/> Blower Lubrication        | <input type="checkbox"/> Pressure - Temperature Relief Valve |
| <input type="checkbox"/> System Static Pressure    | <input type="checkbox"/> Unit Clearance                      |

**AS OF THIS DATE THIS FURNACE HAS BEEN FOUND TO BE IN COMPLIANCE WITH APPLICABLE SAFETY CODES AND STANDARDS.**

SAFETY OR CODE VIOLATIONS NOT CORRECTED

1: \_\_\_\_\_  
2: \_\_\_\_\_  
3: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_  
Date: \_\_\_\_\_