

## Form C – Manufactured Home Combustion Safety Checklist

Client ID/Job Number: \_\_\_\_\_

Testing performed by (print name legibly): \_\_\_\_\_ Date: \_\_\_\_\_

Which combustion appliances are present in the home? (Check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Gas range and/or stovetop                          | <input type="checkbox"/> Natural draft furnace or boiler (Category I, 70%+)      |
| <input type="checkbox"/> Induced draft furnace or boiler (Category I, 80%+) | <input type="checkbox"/> Sealed combustion furnace or boiler (Category IV, 90%+) |
| <input type="checkbox"/> Natural draft water heater (Category I)            | <input type="checkbox"/> Power-vented water heater (Category III)                |
| <input type="checkbox"/> Solid fuel stove (wood, pellet, coal, etc.) stove  | <input type="checkbox"/> Vented liquid-fueled wall/space heater (gas, oil, etc.) |
| <input type="checkbox"/> Other: _____                                       |  |

Did fuel leak testing reveal any fuel leaks?

- Yes.** Location(s): \_\_\_\_\_
- No.**

Ambient Carbon Monoxide (CO) result for the space being tested: (As measured CO: \_\_\_\_\_ PPM)

If CO > 8 ppm, what appears to be the source? \_\_\_\_\_

Any action taken?  **No**  **Yes:** \_\_\_\_\_

Are any unvented combustion fueled space heaters present in the home?  **Yes.**  **No.**

If YES, **ALL** unvented space heater(s) must be removed prior to weatherization (# to remove: \_\_\_\_\_)

Was Worst-case CAZ Depressurization test performed? (Complete one form for each CAZ)

- Yes.** Describe Worst-Case dwelling setup/location: \_\_\_\_\_
- No spillage was detected at worst-case for any appliances in the CAZ
- Worst-case spillage test failed for 1 or more appliances in the CAZ
- Which appliance(s) failed: \_\_\_\_\_
- Possible cause(s): \_\_\_\_\_
- No.** The reason is:
- No category I vented appliances are in the home.

Other: \_\_\_\_\_

Diagnostic Testing Results in Chimney/Flue or at Termination:

Appliance: _____	Air Free CO Measurement: _____	SSE Measurement: _____ %
Appliance: _____	Air Free CO Measurement: _____	SSE Measurement: _____ %
Appliance: _____	Air Free CO Measurement: _____	SSE Measurement: _____ %

CO testing results of gas range and/or stovetop (leave blank if none)

**Oven:** \_\_\_\_\_ ppm    **Stove burners:** 1 \_\_\_\_\_ ppm 2 \_\_\_\_\_ ppm 3 \_\_\_\_\_ ppm 4 \_\_\_\_\_ ppm

Chimney/Flue Visual Inspection and other CAZ related notes: \_\_\_\_\_

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Required Photo Checklist:

- All combustion appliances, chimney/flues, and data plates.
- All diagnostic testing results (CO, SSE, Depressurization, etc.).
- Any repairs necessary or required.