A licensed journeyman/master heating installer, employed by this firm, has inspected the heating system of the dwelling listed above. The inspection revealed that the entire heating system is consistent with City Code Enforcement Standards for adequate heat supply, chimney, sealed smoke stack, manual gas shut-off, draft hood venting, cleaning and servicing. As a representative of the firm, I am authorized to sign this certification on behalf of the Master Heating Installer. By signing, my firm is duly bound under the terms and conditions of the certification.

This certification as to the conditions of the heating system is based upon a visual inspection on the date and address listed above. If the installation is subsequently found to be in nonconformance, such faulty conditions shall be determined to have occurred on or after the date of this certification.

I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgagee or any other party involved in the transaction.

WARNING: Whoever, for the purpose of influencing in any way the action of this office, makes, passes, utters or publishes any false statement shall be turned over to the City Attorney for prosecution. Also, the Licensing Authority and Bonding Agent for the installer shall be notified for appropriate action.

FIRM REPRESENTATIVE’S Signature ____________________________________________  Title ________________________________________________ Date ___________________

### Equipment description

<table>
<thead>
<tr>
<th>Type</th>
<th>Make</th>
<th>Model</th>
<th>Serial no.</th>
</tr>
</thead>
</table>

### Services performed

- **Combustion chamber**: Cleaned, visual inspection for cracks.
- **Vent connection(s)/chimney(s)**: Inspected for deterioration.
- **Control system**: Tested, checked operation.
- **Burner(s)**: Checked for correct input.
- **Combustion flue**: Checked for carbon monoxide.
- **Heating unit(s)**: Visual inspection, including clearance to combustible materials.
- **Cooling/ventilation systems**: Visual inspection when required by Housing Inspection Checklist.
- **Heating unit(s) inspection only** *(Unless additional requirements stated by Housing Inspection Checklist.)*
- **Wiring, including controls**: Safe and operational.
- **Additional work performed**: __________________________

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**Community Development**  Building Inspection  PH  952-563-8930  www.ci.bloomington.mn.us
1800 W. Old Shakopee Road  FAX  952-563-8949
Bloomington MN 55431-3027  TTY  952-563-8740