NEIGHBORHOOD SERVICES DIVISION
10 First Street Northwest
Mason City, Iowa 50401
641.421.3380 / FAX 641.421.3629
www.masoncity.net

Furnace Inspection

Please have this report completed and return to the above address.

_____

PROPERTY ADDRESS

_____

HOMEOWNERS SIGNATURE

DATE OF INSPECTION _____

APPROX. AGE OF FURNACE _____

VISUAL IMSPECTION FOR CRACKS AND OVERALL CONDITION _____

SMOKE BOMB/ VISUAL/ OR CAMERA CHECK _____

CHECK VENTING _____

CHECK CONDITION OF THE CHIMNEY _____

CHECK AND CLEAN RIBBON BURNERS _____

CHECK AND OIL MOTOR _____

CLEAN BLOWER ASSEMBLY _____

CHECK SAFETY LIMIT SWITCHES _____

CHECK BELTS (where applicable) _____

CHECK PILOT OR INGNITION SYSTEM _____

CHECK THERMOSTAT _____

CHECK FOR GAS LEAKS OR CARBON MONOXIDE _____

Furnace appears to be in working condition at the time of inspection. We are not responsible for any malfunction after the date of Inspection.

COMPANY _____

TECHNICIANS SIGNATURE _____

COMMENTS: _____

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