

INFORMATION SHEET FURNACE COMMISSIONING

Installation date:

Owner's name:

Owner's address:

Service technician name:

Service technician address:

Phone number Day:

Night:

Furnace model:

Serial number:

Furnace orientation:

Fuel:

Propane conversion kit number:

Inlet gas pressure: in w.c.

Outlet gas pressure High fire (100%): in w.c.

Outlet gas pressure Low fire (40%): in w.c.

Static pressure in Supply duct: in w.c.

Static pressure in Return duct: in w.c.

Temperature rise: °F

Is drain trap filled with water? :

Are condensate tubings properly inclined towards drain trap? :

Is furnace levelled or inclined? :

Venting pipe diameter: in

Venting length: ft

Venting termination:

Located less than 4 500 ft above sea level?

If no, at what altitude is it installed? ft

Signature :