GOGREEN HOME ENERGY FINANCING PROGRAM

California Alternative Energy and Advanced Transportation Financing Authority

915 Capitol Mall Sacramento, CA 95814

(916) 651-8157 www.GoGreenFinancing.com

cheef@treasurer.ca.gov

COMBUSTION APPLIANCE SAFETY TEST FORM

Section 1: Project Information

(a) Customer Na	ame:												
(b) Customer Address:						(c) City: (d) Zip							
(e) GoGreen Home Contractor Name:						(f) Contractor Phone:							
Section 2: Com	bustion Appliance Sa	fety Test Resul	ts						PRE-TEST	□ POS	T-TEST	1	
1. Are there any	unvented combustion	heating applian	ces?	Yes No	4. Ar	e appliance	flames: □ C	Good (blue	and defined) o	or 🗆 Bad (ye	ellow and	"lazy")?	
2. Are carbon n	nonoxide alarms install	ed in the home?		Yes No		Bad, identi	fy the appliar	nce:				_	
3. Does all comb	bustion appliance venti	ng conform with	n code? 🗆 Y	es □ No		tdoor Temp							
	be:	•				_	ent CO Readi	ng:					
Appliance	Zone	AMBIENT READING IN PPM ON EACH FLOOR OF HOME			GAS LEAK CHECK	EAK CAZ TEST			SPILLAGE FLUE GAS CO				
		PERSONAL CO MONITOR READING	CO MEASURED IN CAZ	LOWER EXPLOSIVE LIMIT	(P/F/NA)	BASELINE (Pascals)	WCD (Pascals)	P /F/NA	WCD (P/F/NA)	NAT (P/F/NA)	PPM	(P /F/NA)	
Water Heater													
Furnace/Boiler													
Range/Oven													
Other 1:													
Other 2:													
P = Pass	F = Fail NA = No	ot Applicable	CAZ = Combu	stion Appliance	Zone V	VCD = Worst	Case Depressur	rization	NAT = Natural	PPM = Pa	rts Per M	illion	

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Section 3: Tester Certification (May be different from the GoGreen Home Contractor)

I, the undersigned, am qualified to test the dwelling combustion appliances and hereby certify that all of the testing information provided in this test form is correct.								
(g) Company Name:	(h) CAS Results Summary							
(i) Signature:	\square PASS \square FAIL							
(j) Printed Name:	(k) Date:							
(l) Qualifications BPI NGAT Other	_							

RESOURCE TABLES

Combustion Appliance Types	Flue Gas CO Thresholds			
Central Furnace, Boiler, Floor Furnace, Gravity Furnace, Wall Furnace (direct vent), Clothes Dryer	400 PPM (air free)			
Wall Furnace (natural draft), Water Heater	200 PPM (air free)			
Oven/Broiler	225 (as measured)			
Gas Log (installed in a wood-burning fireplace)	400 PPM (air free)			
Gas Log (gas fireplace, measured in vent)	25 PPM (as measured)			

MAXIMUM ZONE DEPRESSURIZATION LIMITS (IN PASCALS)

GAS- AND OIL-FIRED APPLIANCES	
Natural Draft Water Heater only	−2 Pa
Natural Draft Water Heater and Natural Draft Furnace/Boiler (common vent)	–3 Pa
Natural Draft Water Heater and Induced Draft Furnace/Boiler (common vent)	–5 Pa
Natural Draft Furnace/boiler only	–5 Pa
Induced Draft Furnace/Boiler only	–15 Pa
SOLID FUEL APPLIANCES	
Standard Fireplace* (unlined chimney on exterior wall)	–3 Pa
Standard Fireplace* (metal lined, insulated, or interior chimney)	–4 Pa
Standard Wood Stove or Fireplace Insert (not EPA-Certified & "Airtight")	−3 Pa
Controlled-Combustion EPA-Certified "Airtight" Woodstove or Fireplace Insert drawing combustion air from living space	–5 Pa
Controlled-Combustion EPA-Certified "Airtight" Woodstove or Fireplace Insert drawing air from outdoors (e.g., "Mobile Home" type)	−10 Pa
Pellet Stove, with exhaust fans and sealed vents	−15 Pa

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INSTRUCTIONS

Section 1: Project Information

- (a) Fill in the name of the customer for whom the work is being performed
- (b) Fill in the address of where the work is being performed
- (c) Fill in the city where the work is being performed
- (d) Fill in the zip code where the work is being performed
- (e) Fill in the GoGreen Home Contractor Company's name
- (f) Fill in the GoGreen Home Contractor Company's phone number

Section 2: Combustion Appliance Safety Test Results

- 1. Indicate Yes or No in appropriate check box
- 2. Indicate Yes or No in appropriate check box
- 3. Indicate Yes or No in appropriate check box
- 3a. Fill in description of code violation
- 4. Indicate Good or Bad in appropriate check box
- 4a. Fill in which appliance has Bad flame quality
- 5. Fill in Outdoor temperature
- 6. Fill in outdoor CO reading

Sample table

	Zone	AMBIENT READING IN PPM ON EACH FLOOR OF HOME			GAS LEAK CHECK	CAZ TEST			SPIL	LAGE	FLUE GAS CO	
Appliance		PERSONAL CO MONITOR READING	CO	LOWER EXPLOSIVE LIMIT	(P /F/NA)	BASELINE (Pascals)	WCD (Pascals)	P /F/NA	WCD (P/F/NA)	NAT (P/F/NA)	PPM	(P /F/NA)
Water	Define	Enter	Enter XXX	Enter XXX	Enter (Pass	Enter XXX	Enter	Enter	Enter (Pass	Enter	Enter	Enter (Pass
Heater	CAZ	XXX ppm	ppm	percentage	/Fail/	Pa	XXX	(Pass /Fail/	/Fail/	(Pass /Fail/	XXX	/Fail/
	(i.e.,				Not		Pa	Not	Not	Not	ppm	Not
	Kitchen)				Applicable)			Applicable)	Applicable)	Applicable)		Applicable)

Section 3: Tester performing CAS test

- 1. Fill in the name or equivalent of the Contractor Company that performed the CAS test
- 2. Indicate Pass or Fail in appropriate check box
- 3. Signature of person that performed the CAS test
- 4. Fill in the printed name of the person that performed the CAS test
- 5. Fill in the date the CAS test was performed
- 6. Indicate the qualifications of the person performing the test in the appropriate check box