

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 Name: _____			
(b) Customer Address: _____		(c) City: _____	(d) Zip _____
(e) GoGreen Home Contractor Name: _____		(f) Contractor Phone: _____	

Section 2: Combustion Appliance Safety Test Results

PRE-TEST **POST-TEST**

- | | |
|--|--|
| 1. Are there any unvented combustion heating appliances? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Are appliance flames: <input type="checkbox"/> Good (blue and defined) or <input type="checkbox"/> Bad (yellow and “lazy”)? |
| 2. Are carbon monoxide alarms installed in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No | 4a. If Bad, identify the appliance: _____ |
| 3. Does all combustion appliance venting conform with code? <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Outdoor Temperature: _____ °F |
| 3a. If no, describe: _____ | 6. Outdoor Ambient CO Reading: _____ |

Appliance	Zone	AMBIENT READING IN PPM ON EACH FLOOR OF HOME			GAS LEAK CHECK (P /F/NA)	CAZ TEST			SPILLAGE		FLUE GAS CO	
		PERSONAL CO MONITOR READING	CO MEASURED IN CAZ	LOWER EXPLOSIVE LIMIT		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 = Not Applicable | CAZ = Combustion Appliance Zone | WCD = Worst Case Depressurization | NAT = Natural | PPM = Parts Per Million

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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: _____

PASS **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

Appliance	Zone	AMBIENT READING IN PPM ON EACH FLOOR OF HOME			GAS LEAK CHECK	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	Define CAZ (i.e., Kitchen)	Enter XXX ppm	Enter XXX ppm	Enter XXX percentage	Enter (Pass /Fail/ Not Applicable)	Enter XXX Pa	Enter XXX Pa	Enter (Pass /Fail/ Not Applicable)	Enter (Pass /Fail/ Not Applicable)	Enter (Pass /Fail/ Not Applicable)	Enter XXX ppm	Enter (Pass /Fail/ Not 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