

## BURNER COMBUSTION EFFICIENCY REPORT

Subgrantee Job Name: _____ Number: _____  Client Name: _____  Address: _____  Town: _____ Phone: _____  Owner: _____ Tenant: _____  Type Fuel: Oil <input type="checkbox"/> Gas <input type="checkbox"/> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">WORK CHECKLIST</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Check for oil leaks</td></tr> <tr><td><input type="checkbox"/> Check flue pipe &amp; chimney-clean base</td></tr> <tr><td><input type="checkbox"/> Check operation of all controls &amp; safeties</td></tr> <tr><td><input type="checkbox"/> Check oil pump pressure</td></tr> <tr><td><input type="checkbox"/> Check barometric damper operation</td></tr> <tr><td><input type="checkbox"/> Check thermostat operation</td></tr> <tr><td><input type="checkbox"/> Lubricate all motors</td></tr> <tr><td><input type="checkbox"/> Replace filters as necessary Oil - Air</td></tr> <tr><td><input type="checkbox"/> Clean pump strainer and inner housing</td></tr> <tr><td><input type="checkbox"/> Replace nozzle and clean electrodes</td></tr> <tr><td><input type="checkbox"/> Clean, brush, and vacuum thoroughly</td></tr> <tr><td><input type="checkbox"/> Adjust fuel/air for proper combustion</td></tr> </tbody> </table>	WORK CHECKLIST	<input type="checkbox"/> Check for oil leaks	<input type="checkbox"/> Check flue pipe & chimney-clean base	<input type="checkbox"/> Check operation of all controls & safeties	<input type="checkbox"/> Check oil pump pressure	<input type="checkbox"/> Check barometric damper operation	<input type="checkbox"/> Check thermostat operation	<input type="checkbox"/> Lubricate all motors	<input type="checkbox"/> Replace filters as necessary Oil - Air	<input type="checkbox"/> Clean pump strainer and inner housing	<input type="checkbox"/> Replace nozzle and clean electrodes	<input type="checkbox"/> Clean, brush, and vacuum thoroughly	<input type="checkbox"/> Adjust fuel/air for proper combustion
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**Please Fill In All Necessary Information**

Rating Plate Information (If Available)	Control Settings
Name: _____ Model: _____	<b>Forced Hot Water</b>
B.T.U. Input: _____ B.T.U. Output: _____	Low _____°F High _____°F Diff. _____°F
Combustion Chamber: Ref _____ Steel _____ Other _____	<b>Forced Warm Air</b>
Make Burner: _____ R./H. Yes <input type="checkbox"/> No <input type="checkbox"/>	Fan On _____°F Fan Off _____°F Hi Limit _____°F
Nozzle Size: _____ Nozzle Type: _____	<b>Gravity Systems</b>
Fuel Line Filter: Yes <input type="checkbox"/> No <input type="checkbox"/>	Hot Water: Limit _____°F
Condition of Unit: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Warm Air: Limit _____°F
	Steam: Limit _____ P.S.I.

**Efficiency Report Tag to be Posted on System**

Test Results After CTT	Service Rendered By:
Overfire Dr Pa "wc Breech Dr: pa "wc	Vendor: _____
Smoke Reading: _____	Phone: ( ) - Date: _____
O or CO2 (%): _____ CO P.P.M.: _____	System has been properly serviced and all information is correct.
Net Stack Temperature (F): _____	By: _____ Technician
Steady State Efficiency %: Pre: _____ Post: _____	State License #: _____
Final Nozzle Size _____	

Provide Bacharach Report Printout or similar and attach to this report

**Other Repairs Needed: (Please List)**

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